SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 205

SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYI	PE OF COMMITTEE			
Fedele 2010							x	Candidate Committee Exploratory Committee			
3. TREASURER NAME											
Title	First MICHAEL			MI A	Last TOTILO		Suffix				
4. TREASURER ADDRESS											
Street Address			City			State		Zip Code			
23 Rockrimmon Ln			Stamf	ford		СТ		06903-2825			
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTR	DISTRICT CODE (if applicable)			
11/02/2010		Governor									
8. CANDIDATE NAME											
Title First MI Last Suffix Michael C. Fedele											
9. TYPE OF REPORT								•			
April 10 Filing - Original											
10. PERIOD COVERED											
	Beginning Date Ending Date										
		01/01/2010	thru	ı	03/31/2010						
			11 CER	TIFICATION							
			II. CEN	THICATION							
	ed Campaig				of the information set forth period covered is true,						
Electronic Filing		MICHAEL TOTILO			04/12	2/2010					
SIGNATURE		PRINT NAME OF THE	E SIGNE	ER	DATE	CERTIFIED					
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.											

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Fedele 2010	Original 04/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$57,557.97	
14. Contributions received from Individuals (Section A and B)	\$55,474.00	\$122,547.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$10.00	\$20.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$55,484.00	\$122,567.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$113,041.97	\$122,567.00
20. Expenses Paid by Committee (Section N)	\$64,124.37	\$73,649.40
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$48,917.60	\$48,917.60
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$185.00	\$185.00
23. In-Kind Contributions Received (Section K)	\$84.96	\$84.96
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$432.58	\$6,597.75
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$35,827.03	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$35,827.03	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							I	FILING	DUE DATE	
Fedele 2010							(Origina	1 04/12/2010	
A. Total Contributions from	n Small (Contributors-Received th	is Perio	d ONLY	7					
(See instructions for definition of Small			115 1 0110			\$0.00				
		B. Itemized Contributi	ions fron	ı Individu	ıals					
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of	
Wilson	Rita			Cash Money	y Order X Personal Credit/De		0731		Contribution	
Residential Street Address	•	City		State	Zip Code	D	ate Received			
17 Agawam Dr		Cromwell		СТ	06416	0	1/01/2010			
Principal Occupation		Name of Employer		•	Is this contribution assoc			Yes		
Retired		Retired			fundraising event listed in If yes, list Event #	n Section J		No		
Is contributor a principal of a state contractor	or prospective	Yes No	Is contrib	utor a lobbyis	t snouse or	1	Cihti			
state contractor? Is yes, indicate which branch or branches of		res ino		child of a lob		Aggre	gate Contributio \$100	0.00	\$100.00	
government the contract is with:		Executive Legislative	Y	res	No					
Last Name	First Name		MI		contribution:		Contribution 1	ID#	Amount of	
Barry	Thomas		D	Cash Money	y Order Registration X Personal (0730		Contribution	
Residential Street Address	<u> </u>	City		State	Zip Code		ate Received			
247 Sawmill Rd		Stamford		CT	06903		1/01/2010			
Principal Occupation		Name of Employer		-	Is this contribution assoc	iated with	а П,	Yes		
Finance		SXM			fundraising event listed in If yes, list Event #	n Section J	11?	No		
			1		·	1				
Is contributor a principal of a state contractor state contractor?	or prospective	Yes No		utor a lobbyis child of a lob		Aggre	gate Contributio		+100.00	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	Y .	res	No		\$100	0.00	\$100.00	
Last Name	First Name		MI	Method of	contribution:		Contribution 1	ID#	Amount of	
Frank	Neil			Cash	Personal		0732		Contribution	
		Ī			y Order X Credit/De		<u> </u>			
Residential Street Address 32 3rd St		City Stamford		State	Zip Code 06905		ate Received 1/02/2010			
Principal Occupation		Name of Employer		<u> </u>	Is this contribution assoc			-		
Histotechnologist		The Stamford Hospital			fundraising event listed in					
		·			If yes, list Event #			No		
Is contributor a principal of a state contractor state contractor?	or prospective	Yes No		utor a lobbyis child of a lob		Aggre	gate Contributio	ons		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 —	_	No No		\$100	0.00	\$50.00	
Last Name	First Name		MI		contribution:		Contribution	ID#	Amount of	
Harpie Jr.	Joseph			Cash Money	y Order Registration Registration X Personal (0733		Contribution	
Residential Street Address	<u> </u>	City		State	Zip Code		ate Received			
36 Baldwin Ct		Newington		CT	06111-5325		1/02/2010			
Principal Occupation		Name of Employer		•	Is this contribution assoc	iated with	а П,	Yes		
Chief Loan Officer		Connecticut Development Au	ıthority		fundraising event listed in If yes, list Event #	n Section J	11?	No		
					·	1				
Is contributor a principal of a state contractor state contractor?	or prospective	Yes No		utor a lobbyis child of a lob	-	Aggre	gate Contributio		#100.00	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 —		No		\$100	0.00	\$100.00	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Heimer	First Name Michael		MI S	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 07:	atribution ID #	Amount of Contribution
Residential Street Address 3181 South St		City Coventry		State CT	Zip Code 06238	Date Re-		
Principal Occupation Plant Protection		Name of Employer Pratt & Whitney		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate C	ontributions \$100.00	\$100.00
Last Name Cardillo	First Name Pat		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 07:	ntribution ID#	Amount of Contribution
Residential Street Address 79 Carriage Dr .		City Stamford		State CT	Zip Code 06902	Date Re-		
Principal Occupation Mason		Name of Employer Pro Builders		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate C	ontributions \$100.00	\$100.00
Last Name Cardillo	First Name Sebastian	10	MI	Cash	contribution: X Personal Character Credit/Debit	neck 07:	atribution ID #	Amount of Contribution
Residential Street Address 79 Carriage Dr .		City Stamford		State CT	Zip Code 06903	Date Re-		
Principal Occupation Builder		Name of Employer Self			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate C	ontributions \$100.00	\$100.00
Last Name Laria	First Name Christoph	er	MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 07:	ntribution ID#	Amount of Contribution
Residential Street Address 89 Center St		City Stamford		State CT	Zip Code 06906	Date Re-		
Principal Occupation Contractor		Name of Employer Self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Pansiero	First Name Dorothy		MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0738	bution ID#	Amount of Contribution
Residential Street Address 716 Stillwater Rd		City Stamford		State CT	Zip Code 06902	Date Rece 01/04/2		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Romaniello	First Name Richard		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0739	bution ID#	Amount of Contribution
Residential Street Address 25 Norman Rd		City Stamford		State CT	Zip Code 06906	Date Rece 01/04/2		
Principal Occupation Electrician		Name of Employer Jansco Electric, Inc		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Telesco	First Name John		MI	Cash	contribution: X Personal Character Credit/Debit	neck 0740	bution ID #	Amount of Contribution
Residential Street Address 112 Chatham Rd		City Stamford		State CT	Zip Code 06903	Date Rece 01/04/2		
Principal Occupation Firefighter		Name of Employer City of Stamford			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Lombardo	First Name Victoria		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0742	bution ID#	Amount of Contribution
Residential Street Address 51 Newfield Dr		City Stamford		State CT	Zip Code 06905	Date Rece 01/05/2		
Principal Occupation		Name of Employer Retired			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Con	tributions \$10.00	\$10.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name	First Name		MI		contribution:		bution ID #	Amount of
Scott	Jamison			Cash Money	Personal Ch y Order X Credit/Debi	0743	1	Contribution
Residential Street Address		City		State	Zip Code	Date Rece]
65 River Valley Rd		Stratford		СТ	06614	01/05/2	010	4
Principal Occupation Corporate Officer		Name of Employer Manufacturers Service Co. In	nc.		Is this contribution associated fundraising event listed in the state of the state		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00
Last Name Stone Jr.	First Name		MI E	Method of Cash	contribution:	neck	bution ID#	Amount of Contribution
		1		Money	y Order Credit/Debi	t Card 0744	+	_
Residential Street Address 195 Carroll Rd		City Fairfield		State CT	Zip Code 06824-3070	Date Rece 01/05/2		
Principal Occupation Fmr. State Rep		Name of Employer Retired		•	Is this contribution associate fundraising event listed in the state of the state o		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Higgins	First Name Rebecca		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0741	bution ID#	Amount of Contribution
Residential Street Address 324 Candlewyck Dr		City Newington		State CT	Zip Code 06111	Date Rece 01/05/2		1
Principal Occupation		Name of Employer		1	Is this contribution associate		Yes	†
retired		retired			fundraising event listed in the state of the	Section J1?	No No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	-	Aggregate Con	tributions \$200.00	\$100.00
Last Name Hibbert	First Name Michael		MI	Cash	contribution:	neck 0745	bution ID#	Amount of Contribution
D 11 110 110					y Order Credit/Debi	- '	1	-
Residential Street Address 19 Geriak Rd		City Stamford		State CT	Zip Code 06905	Date Rece 01/06/2		
Principal Occupation Real Estate Management		Name of Employer Plaza Realty and Managemen	nt	•	Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Con	tributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Jerram	First Name Dan		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0746	ution ID#	Amount of Contribution
Residential Street Address 30 Willow Ln		City New Hartford		State CT	Zip Code 06057	Date Receiv 01/06/20		
Principal Occupation First Selectman		Name of Employer Town of New Hartford		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Conti	sibutions \$100.00	\$100.00
Last Name Lombardo	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0747	ution ID#	Amount of Contribution
Residential Street Address 4 Gray Squirrel Dr		City Norwalk		State CT	Zip Code 06850	Date Receiv		
Principal Occupation Realtor		Name of Employer Plaza Realty and Managemen	nt		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Sachs	First Name Krystal		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0748	ution ID#	Amount of Contribution
Residential Street Address 60W 23rd St Apt 1051		City New York		State NY	Zip Code 10010	Date Receiv		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Conti	sibutions \$100.00	\$100.00
Last Name Smeraldi	First Name Liza		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0749	ution ID #	Amount of Contribution
Residential Street Address 1258-11 Stillwater Rd		City Stamford		State CT	Zip Code 06902	Date Receiv 01/06/20		
Principal Occupation Student		Name of Employer Not Applicable		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Contr	sibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)		_	
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Canavan	First Name Paul		MI	Cash	contribution: X Personal Cl	neck 0751	ution ID#	Amount of Contribution
Residential Street Address 82 Kidder Brook Rd		City Ashford		State CT	Zip Code 06278	Date Receiv		
Principal Occupation Professor		Name of Employer Northeastern University		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Cont	stibutions \$25.00	\$25.00
Last Name Marino	First Name Robert		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0753	ution ID #	Amount of Contribution
Residential Street Address 135 Eastridge Dr		City Waterbury		State CT	Zip Code 06708-3344	Date Receiv		
Principal Occupation Executive		Name of Employer Aftermarket Specialty Co			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Smeriglio	First Name Richard		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0754	ution ID#	Amount of Contribution
Residential Street Address 140 Overbrook Dr		City Stamford		State CT	Zip Code 06906	Date Receiv		
Principal Occupation Real Estate/Sales Management		Name of Employer Plaza Realty and Manageme	nt		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Anderson	First Name Catherine		MI D	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0750	ution ID#	Amount of Contribution
Residential Street Address 110 Skymeadow Dr		City Stamford		State CT	Zip Code 06903	Date Receiv		
Principal Occupation N/A		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Corelli	First Name Kim		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0752	oution ID#	Amount of Contribution
Residential Street Address 48 Bungalow Park		City Stamford		State CT	Zip Code 06902	Date Receive 01/07/20		
Principal Occupation Executive Assistant/Office Manager		Name of Employer Rain CII Carbon LLC		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	sibutions \$100.00	\$100.00
Last Name Anderson	First Name Henry		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0755	oution ID#	Amount of Contribution
Residential Street Address 110 Skymeadow Dr		City Stamford		State CT	Zip Code 06903-3408	Date Receive 01/08/20		
Principal Occupation Underwriter		Name of Employer Stamford Underwriting Mana	igers, Llc	•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Brugg	First Name Alan		MI H	Cash	contribution: X Personal Character Credit/Debit	neck 0756	oution ID#	Amount of Contribution
Residential Street Address 112 Lawrence Hill Rd		City Stamford		State CT	Zip Code 06903	Date Receiv		
Principal Occupation Endodontist		Name of Employer Self			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Nolin	First Name Peter		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0758	oution ID#	Amount of Contribution
Residential Street Address 2 Douglas		City Norwalk		State CT	Zip Code 06850-1730	Date Receive 01/08/20		
Principal Occupation attorney		Name of Employer Self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Fazio	Victor			E	Cash	V Order		0757		Contribution
Residential Street Address		City			-			ate Received		
65 George St		City Stamford			State CT	Zip Code 06902		1/08/2010)	
Principal Occupation		Name of En	nployer		ļ	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions 525.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
zapherson	michael				Cash Money	Personal C V Order X Credit/Del		0759		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
102 Portobello Rd		Arden			NC	28704	0	1/10/2010)	
Principal Occupation district manager		Name of En				Is this contribution associ- fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob es		Aggre	gate Contribu	ons.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Budkins	Carmella			С	Cash Money	/ Order Personal C		0760		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
56 Alexander St		Greenwic	h		СТ	06830-6204	0	1/11/2010)	
Principal Occupation Town of Greenwich		Name of Er Town Cle				Is this contribution associ fundraising event listed in If yes, list Event #		n? 🗀	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes		Aggre	gate Contribu	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
McCoy	Jason				Cash Money	Personal C V Order X Credit/Del		0761		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
280 Talcottville Rd		Vernon			СТ	06066	0	1/11/2010)	
Principal Occupation Attorney		Name of En				Is this contribution associ- fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No		utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$1	itions .00.00	\$100.00
government the contract is with:										l

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Pirone	Ciro			J	Cash Money	y Order		0762		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
1200 Summer St		Stamford	I		СТ	06905-5528	0	1/11/2010)	
Principal Occupation CPA		Name of E	nployer Company		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Sansone	Elaine				Cash Money	Personal of X Credit/De		0765		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
286 Webbs Hill Rd		Stamford	I		СТ	06903	0	1/12/2010)	
Principal Occupation		Name of E	mployer			Is this contribution assoc fundraising event listed in			Yes	
Cardiac Sonographer		Cardiolo	gy Associates			If yes, list Event #	n section .		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID#	Amount of
Herrmann	Thomas A				Cash Money	Personal of X Credit/De		0764		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
75 Kellers Farm Rd		Easton			СТ	06612	0	1/12/2010)	
Principal Occupation		Name of E				Is this contribution assoc fundraising event listed in			Yes	
Private Equity		Stanwich	n Partners LLC			If yes, list Event #	n beetion .	,,,	No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		E d			t child of a lob Yes	obyist? No		\$1	100.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+ -			<u> </u>	1		
Last Name Gallo	First Name Joi Reiner			MI	Cash	contribution: Personal of the property of the		Contribution 0763	on ID#	Amount of Contribution
Residential Street Address	1	City			State	Zip Code		ate Received		
1120 Post Rd # 100		Darien			СТ	06820	1	1/12/2010)	
Principal Occupation		Name of E	mployer		•	Is this contribution assoc			Yes	
Accountant		Five Mile	2			fundraising event listed in If yes, list Event #	n Section I		No	
Is contributor a principal of a state contractor	or prospective	-	Yes No		outor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 m	t child of a lob Yes	•		\$1	100.00	\$100.00
government the contract is with:		LACCULIVE	Legislative	1 - '	<u></u>	*10	1			l

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Fedele	First Name Jared		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0766	bution ID#	Amount of Contribution
Residential Street Address 31 Station Ct Apt 407		City Greenville		State SC	Zip Code 29601	Date Recei		
Principal Occupation Controller		Name of Employer Lear Corporation		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$100.00	\$100.00
Last Name fedele	First Name gennaro		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0768	bution ID#	Amount of Contribution
Residential Street Address 5990 Charles Dr .		City West Bloomfield		State MI	Zip Code 48322	Date Recei		
Principal Occupation Operations/Finance		Name of Employer Self Employed			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$100.00	\$100.00
Last Name Pavia	First Name Maureen		MI M	Cash	contribution: X Personal Character Credit/Debit	neck 0769	bution ID #	Amount of Contribution
Residential Street Address 20 Davenport Farm Ln E		City Stamford		State CT	Zip Code 06903	Date Recei		
Principal Occupation Real Estate		Name of Employer Self			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$100.00	\$100.00
Last Name Pavia	First Name Michael		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0770	bution ID #	Amount of Contribution
Residential Street Address 20 Davenport Farm Ln E		City Stamford		State CT	Zip Code 06903-5142	Date Recei		
Principal Occupation City of Stamford		Name of Employer Mayor			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Smith III	First Name William		MI J	Cash	contribution: X Personal Condit/Deb	heck 077:	ibution ID #	Amount of Contribution
Residential Street Address 90 Dunn Ave		City Stamford		State CT	Zip Code 06905-1111	Date Rece 01/14/2		
Principal Occupation Fire Fighter		Name of Employer City Of Stamford Fire Depart	ment	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Cor	\$100.00	\$100.00
Last Name Smith	First Name Alix		MI T	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0772	ibution ID #	Amount of Contribution
Residential Street Address 90 Dunn Ave		City Stamford		State CT	Zip Code 06905-1111	Date Rece 01/14/2		
Principal Occupation Exec		Name of Employer Rubenstein Associations			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Stevens	First Name George		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0773	ibution ID#	Amount of Contribution
Residential Street Address 19 Park Ln		City Norwalk		State CT	Zip Code 06854	Date Rece 01/14/2		
Principal Occupation Auto sales		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cor	\$100.00	\$100.00
Last Name Sweeney	First Name John		MI T	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0774	ibution ID #	Amount of Contribution
Residential Street Address 33 Platt Dr		City Prospect		State CT	Zip Code 06712	Date Rece 01/14/2		
Principal Occupation Nursing Home Administrator		Name of Employer Apple Health Care		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Cor	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Coppage	First Name Timothy		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 076	ibution ID #	Amount of Contribution
Residential Street Address 4 Muirfield Ln		City Bloomfield		State CT	Zip Code 06002	Date Rece 01/14/2		
Principal Occupation VP		Name of Employer CHFA		•	Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Bell	First Name Debra		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 077	ibution ID #	Amount of Contribution
Residential Street Address 92 Holmes Ave		City Darien		State CT	Zip Code 06820	Date Rece 01/15/2		
Principal Occupation Nursery School Teacher		Name of Employer Italian Center			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Co	stributions \$100.00	\$100.00
Last Name Bell	First Name Thomas		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 077	ibution ID #	Amount of Contribution
Residential Street Address 92 Holmes Ave		City Darien		State CT	Zip Code 06820	Date Rece 01/15/2		
Principal Occupation Electrician		Name of Employer Fairfield Electric			Is this contribution associate fundraising event listed in the second of the second second in the second sec		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Morelli	First Name Robert		MI A	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 077	ibution ID #	Amount of Contribution
Residential Street Address 55 Soundbeach Ave		City Old Greenwich		State CT	Zip Code 06870	Date Recei		
Principal Occupation Sales		Name of Employer Self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$100.00	\$100.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribu	tions fron	n Individu	ıals		•	
Last Name Pomponi	First Name Amy		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	0778	tion ID#	Amount of Contribution
Residential Street Address 15 Silver Lakes Dr		City Darien	•	State CT	Zip Code 06820	Date Receive 01/15/202		
Principal Occupation		Name of Employer Homemaker			Is this contribution associate fundraising event listed in the street If yes, list Event #	L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggregate Contril	butions \$100.00	\$100.00
Last Name Pomponi	First Name Stephen		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	0779	tion ID#	Amount of Contribution
Residential Street Address 15 Silver Lakes Dr		City Darien		State CT	Zip Code 06820	Date Receive 01/15/20:		
Principal Occupation		Name of Employer Self		•	Is this contribution associal fundraising event listed in the second of the second second in the second sec	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	-	Aggregate Contri	butions	\$100.00
Last Name Regan	First Name John		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	0780	tion ID#	Amount of Contribution
Residential Street Address 15 Hillcrest Park Rd		City Old Greenwich	•	State CT	Zip Code 06870	Date Receive 01/15/202		
Principal Occupation Attorney		Name of Employer Self Employed			Is this contribution associate fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	-	Aggregate Contril	butions \$100.00	\$100.00
Last Name Rensiero	First Name Orlando		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	0781	tion ID#	Amount of Contribution
Residential Street Address 716 Stillwater Rd		City Stamford		State CT	Zip Code 06902	Date Receive 01/15/20:		
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in the second of the second second in the second sec	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggregate Contril	butions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Fedele 2010							Orig	inal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		_	
Last Name Devanney	First Name Timothy		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 07	ontribution ID #	Amount of Contribution
Residential Street Address 70 Porter St		City Manchester		State CT	Zip Code 06040-5438		Received 8/2010	
Principal Occupation Retail Grocery		Name of Employer Highland Park Market			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate (Contributions \$100.00	\$100.00
Last Name Esposito	First Name Gina		MI	Cash	contribution: Personal Cl y Order x Credit/Debi	neck 07	ontribution ID#	Amount of Contribution
Residential Street Address 32 Thrush Ln		City New Canaan		State CT	Zip Code 06840		Received 9/2010	
Principal Occupation trader		Name of Employer Trammochem			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate (Contributions \$100.00	\$100.00
Last Name Esposito	First Name Mark		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 07	ontribution ID #	Amount of Contribution
Residential Street Address 32 Thrush Ln		City New Canaan		State CT	Zip Code 06840		Received 9/2010	
Principal Occupation Partner		Name of Employer Sheffield Haworth Inc			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate (Contributions \$100.00	\$100.00
Last Name Archambault	First Name Lillith		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 07	ontribution ID#	Amount of Contribution
Residential Street Address 341 Wiese Rd		City Cheshire		State CT	Zip Code 06410-4133		Received 0/2010	
Principal Occupation Retired		Name of Employer Cheshire Board Of Education			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$20.00	\$20.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		_	
Last Name Cardillo	First Name Mary		MI	Cash	contribution: X Personal Cl y Order	heck 0786	oution ID#	Amount of Contribution
Residential Street Address 19 Woodrow St		City Stamford		State CT	Zip Code 06902-5207	Date Recei 01/20/2		
Principal Occupation Cardillos Deli		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Clyne	First Name Lisa		MI S	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0787	oution ID#	Amount of Contribution
Residential Street Address 54 Lanack Rd		City Stamford		State CT	Zip Code 06902	Date Recei 01/20/2		
Principal Occupation Chiropractor		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name DeCarlo	First Name Barbara		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0788	oution ID#	Amount of Contribution
Residential Street Address 983 Newfield Ave		City Stamford		State CT	Zip Code 06905	Date Recei 01/20/2		
Principal Occupation Bookkeeper		Name of Employer Stamford Vision Care		-	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name DeCarlo, Sr	First Name John		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0789	oution ID#	Amount of Contribution
Residential Street Address 983 Newfield Ave		City Stamford		State CT	Zip Code 06905	Date Recei 01/20/2		
Principal Occupation Optometrist		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		_	
Last Name Giannitti	First Name Ciriaco		MI P	Cash	contribution: X Personal Cl y Order	heck 0790	ution ID#	Amount of Contribution
Residential Street Address 331 Intervale Rd E		City Stamford		State CT	Zip Code 06905	Date Receiv 01/20/20		
Principal Occupation Tailor		Name of Employer Mitchells		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Contr	\$100.00	\$100.00
Last Name Giannitti	First Name Tullio		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0791	ution ID#	Amount of Contribution
Residential Street Address 57 E Ridge Rd		City Stamford		State CT	Zip Code 06903	Date Receiv 01/20/20		
Principal Occupation Tailor		Name of Employer Mitchells			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Ginsberg	First Name Ronni		MI	Cash	contribution: X Personal Cl	heck 0792	ution ID#	Amount of Contribution
Residential Street Address 44 Huckleberry Holw		City Stamford		State CT	Zip Code 06903	Date Receiv 01/20/20		
Principal Occupation		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Holmes	First Name Susan		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0793	ution ID#	Amount of Contribution
Residential Street Address 17 Teresa Rd		City Manchester		State CT	Zip Code 06040-6224	Date Receiv 01/20/20		
Principal Occupation Secretary		Name of Employer CREC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Liakopoulos	First Name Costas		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0794	ibution ID #	Amount of Contribution
Residential Street Address 53 Cheston Cir		City Wethersfield		State CT	Zip Code 06109	Date Rece 01/20/2		
Principal Occupation		Name of Employer Retired		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Matteis	First Name Diane		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 079!	ibution ID#	Amount of Contribution
Residential Street Address 7 Robin Hood Rd		City Stamford		State CT	Zip Code 06907	Date Rece 01/20/2		
Principal Occupation Controller		Name of Employer A. Pappajohn, Cco.			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Matteis, Jr	First Name Anthony		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0796	ibution ID #	Amount of Contribution
Residential Street Address 7 Robin Hood Rd		City Stamford		State CT	Zip Code 06907	Date Rece 01/20/2		
Principal Occupation Real Estate		Name of Employer AJM Real Estate Services			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Piaseczynski	First Name Richard		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0797	ibution ID #	Amount of Contribution
Residential Street Address 7 Woodhenge Dr		City Tolland		State CT	Zip Code 06084	Date Rece 01/20/2		
Principal Occupation Police Officer		Name of Employer Department of Public Safety			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$75.00	\$75.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		_	
Last Name Sabia, Jr	First Name Michael		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0798	ution ID#	Amount of Contribution
Residential Street Address 217 Haviland Rd		City Stamford		State CT	Zip Code 06903	Date Receiv 01/20/20		
Principal Occupation Podiatrist		Name of Employer Stamford Group			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Contr	\$100.00	\$100.00
Last Name Wilson	First Name William		MI H	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0799	ution ID#	Amount of Contribution
Residential Street Address 29 Briar Dr		City Brewster		State NY	Zip Code 10509	Date Receiv 01/20/20		
Principal Occupation Lab Admin		Name of Employer Stamford Hospital			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Mlodzinski	First Name James		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0800	ution ID#	Amount of Contribution
Residential Street Address 51 Haylin Dr		City Vernon		State CT	Zip Code 06066	Date Receiv 01/21/20		
Principal Occupation Information Technology		Name of Employer CBTS/GE			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	\$100.00	\$100.00
Last Name Interlandi	First Name Paul		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0801	ution ID#	Amount of Contribution
Residential Street Address 208 Roxbury Rd		City Stamford		State CT	Zip Code 06902	Date Receiv 01/24/20		
Principal Occupation Contractor		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Martin	First Name Hortense		MI W	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 080	tribution ID #	Amount of Contribution
Residential Street Address 511 Roxbury Rd		City Stamford		State CT	Zip Code 06902	Date Rec 01/24/		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$50.00	\$50.00
Last Name Catalanotto	First Name Dominic		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 080	tribution ID#	Amount of Contribution
Residential Street Address 15 Clipper Dr		City Northport		State NY	Zip Code 11768	Date Rec 01/25/		
Principal Occupation Manager		Name of Employer CM Resources Corp			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Co	ontributions \$100.00	\$100.00
Last Name Marena	First Name Margaux		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 080	tribution ID #	Amount of Contribution
Residential Street Address 806 Hope St Unit 1		City Stamford		State CT	Zip Code 06907	Date Rec 01/25/		
Principal Occupation Homemaker		Name of Employer N/A			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Veno	First Name Jennifer		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 080	tribution ID#	Amount of Contribution
Residential Street Address 375 Chestnut Hill Rd		City Norwalk		State CT	Zip Code 06851	Date Rec 01/25/		
Principal Occupation Office Manager		Name of Employer Fairfield Electric		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONET	TARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized	Contribution	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Veno	Michael				Cash Money	y Order X Personal Credit/D	Check ebit Card	0807		Contribution
Residential Street Address		City			State	Zip Code	Da	ate Received		
375 Chestnut Hill Rd		Norwalk			СТ	06851	0:	1/25/2010		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed			Yes	
Electrician		Self Employed		-		If yes, list Event #	in section 3		No	
Is contributor a principal of a state contractor	or prospective	Yes	No		utor a lobbyis		Aggreg	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Leg	islative		child of a lob	-		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Schuster	Edward				Cash Money	y Order X Credit/D		0805		Contribution
Residential Street Address		City			State	Zip Code	Da	ate Received		
1177 Summer St		Stamford			СТ	06905	0:	1/25/2010	ı	ļ
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed			Yes	
Physician		Cardiology Assoc	ciates			If yes, list Event #	in Section J	I!	No	
Is contributor a principal of a state contractor	or prospective	Yes	No		utor a lobbyis		Aggreg	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive Leg	islative	1 ⁻	child of a lob	No		\$1	00.00	\$100.00
government the contract is with: Last Name	First Name	Executive Leg	isiative	I _{MI}		contribution:		I		
Faenza	Tani			IVII	Cash	X Personal	Check	Contribution 0808	n ID#	Amount of Contribution
					Mone	y Order Credit/D	ebit Card	0808		
Residential Street Address		City			State	Zip Code		ate Received		
893 Farmington Ave Unit 3B		West Hartford			СТ	06119	0:	1/27/2010		ļ
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed			Yes	
Retired		Retired				If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective	Yes	No	Is contribu	utor a lobbyis	t, spouse, or	Aggreg	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$1	00.00	\$100.00
government the contract is with:		Executive Leg	islative	<u> </u>	I	No	<u> </u>	<u> </u>		<u> </u>
Last Name Stowell	First Name William			MI J	Method of Cash	contribution:	Check	Contribution	n ID#	Amount of Contribution
Stowell	william			,		=	ebit Card	0810		Contribution
Residential Street Address		City			State	Zip Code	Da	ate Received		
1 Elfin Pl		Middlebury			СТ	06762-3461	0:	1/27/2010		
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed			Yes	
Retired		None				If yes, list Event #	Section J		No	
Is contributor a principal of a state contractor	or prospective	Yes	No		utor a lobbyis		Aggreg	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of		Executive Leg	islative	dependent Y	child of a lob	obyist? No		\$	50.00	\$50.00
government the contract is with:		LACCULIVE Leg	151 0 11 V C	'	~ <u> </u>	110				<u> </u>

		I. MONETARY	RECEI	IPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized Contr	ibutions	from	Individu	als				
Last Name Tomasello	First Name Jill		MI	[Method of o	contribution: X Personal C		Contributio	on ID#	Amount of Contribution
Residential Street Address 34 Lake Dr		City Darien			State CT	Zip Code 06820	- 1	ate Received 1/27/2010)	
Principal Occupation PT		Name of Employer APTL, LLC		·		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes I			tor a lobbyist shild of a lobb	byist?	Aggre	gate Contribu	tions	\$100.00
Last Name Mallozzi	First Name Kristin		MI J	Ī	Method of c Cash Money	contribution: X Personal C		Contribution 0809	on ID #	Amount of Contribution
Residential Street Address 175 Old Stamford Rd		City New Canaan			State CT	Zip Code 06840		ate Received 1/27/2010)	
Principal Occupation		Name of Employer N/A		·		Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes 1			tor a lobbyist child of a lobb	byist?	Aggre	gate Contribu	tions	\$100.00
Last Name Aposporos	First Name Maria		MI	I	Method of o	contribution: X Personal C		Contribution 0812	on ID#	Amount of Contribution
Residential Street Address 43 Sylvan Knoll Rd		City Stamford			State CT	Zip Code 06902		ate Received)	
Principal Occupation Owner		Name of Employer Calley's Diner				Is this contribution associa fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes 1			tor a lobbyist shild of a lobbes	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Desantis	First Name Joseph		MI	[Method of c	contribution: X Personal C		Contribution 0813	on ID #	Amount of Contribution
Residential Street Address 114 Hartswood Rd		City Stamford			State CT	Zip Code 06905-2212	- 1	ate Received 1/28/2010		
Principal Occupation Retired		Name of Employer None		•		Is this contribution associa fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes 1			tor a lobbyist	byist?	Aggre	gate Contribu	tions	\$100.00

		I. MONETAF	RY RECE	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized Cor	tributions	s from	Individu	als		•		
Last Name Imbrogno	First Name Anthony		M E	MI E	Method of o	contribution: X Personal C		Contributio	n ID#	Amount of Contribution
Residential Street Address 281 Glenbrook Rd		City Stamford			State CT	Zip Code 06906-2516	- 1	nte Received 1/28/2010	ı	
Principal Occupation Home-Improvement Contractor		Name of Employer Self		•		Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislativ	de		ntor a lobbyist child of a lob es	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Schoonmaker	First Name Carolyn		M P		Cash	contribution: X Personal C Order Credit/Del		Contributio	n ID#	Amount of Contribution
Residential Street Address 231 Old Kings Hwy S		City Darien			State CT	Zip Code 06820-5931		ate Received 1/28/2010	ı	
Principal Occupation Homemaker		Name of Employer None				Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislativ	de		ntor a lobbyist child of a lob es	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Zapherson	First Name George		N S		Method of o	contribution: X Personal C Order Credit/Det		Contributio	n ID#	Amount of Contribution
Residential Street Address 73 Longview Rd		City Monroe			State CT	Zip Code 06468		te Received 1/28/2010	l	
Principal Occupation IT Consultant		Name of Employer Self				Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislativ	de		ttor a lobbyist child of a lob es	-	Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Fulinello	First Name Louis		M	ΜI	Cash	contribution: Personal C Order X Credit/Del		Contributio	n ID#	Amount of Contribution
Residential Street Address 500 Cold Spring Rd # E318		City Rocky Hill			State CT	Zip Code 06067		ate Received 1/30/2010	ı	
Principal Occupation Administrative Aide		Name of Employer State of Connecticut				Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislativ	de		tor a lobbyist	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		•	
Last Name Sandiaes	First Name Linda		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 081	ribution ID #	Amount of Contribution
Residential Street Address 500 Cold Spring Rd Apt E318		City Rocky Hill		State CT	Zip Code 06067	Date Rec 01/30/		
Principal Occupation Administrative Aide		Name of Employer State of Connecticut		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	shtributions \$100.00	\$100.00
Last Name Butler	First Name Betty Ann		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 082	ribution ID #	Amount of Contribution
Residential Street Address 29 Fenwood Grove Rd		City Old Saybrook		State CT	Zip Code 06475	Date Rec 01/31/		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Co	stributions \$10.00	\$10.00
Last Name Butler	First Name Jordan		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 082	ribution ID #	Amount of Contribution
Residential Street Address 29 Fenwood Grove Rd		City Old Saybrook		State CT	Zip Code 06475	Date Rec 01/31/		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	stributions \$10.00	\$10.00
Last Name Butler	First Name Karen		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 082	ribution ID#	Amount of Contribution
Residential Street Address 68 Neptune Dr		City Old Saybrook		State CT	Zip Code 06475	Date Rec 01/31/		
Principal Occupation Teacher		Name of Employer Region 18 Schools			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$10.00	\$10.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Caldarella	First Name Cal		MI	Cash	contribution: X Personal Cl	neck 0823	ibution ID#	Amount of Contribution
Residential Street Address 25 Sunset Rd		City Old Saybrook		State CT	Zip Code 06475-2000	Date Rece 01/31/2		
Principal Occupation Builder/Developer		Name of Employer Mdc Corporation		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Caldarella	First Name Marianne		MI D	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0824	ibution ID #	Amount of Contribution
Residential Street Address 25 Sunset Rd Unit 6		City Old Saybrook		State CT	Zip Code 06475-2066	Date Rece 01/31/2		
Principal Occupation Retired		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Farnen	First Name Brian		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0826	ibution ID#	Amount of Contribution
Residential Street Address 511 Riverside Dr		City Fairfield		State CT	Zip Code 06824	Date Rece 01/31/2		
Principal Occupation Attorney		Name of Employer Sikorsky Aircraft			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Fortuna Jr.	First Name Carl		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 082	ibution ID#	Amount of Contribution
Residential Street Address 54 Pennywise Ln		City Old Saybrook		State CT	Zip Code 06475-2215	Date Rece 01/31/2		
Principal Occupation Attorney		Name of Employer Fortuna & Cartelli P.C.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$50.00	\$50.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Fedele 2010							Orig	ginal 04/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	С	Contribution ID #	Amount of
Lee	Thomas		G	Cash Money	y Order X Personal Cl Credit/Deb	0	0828	Contribution
Residential Street Address		City	-	State	Zip Code	Date I	Received	
172 Palomino Pass		Trumbull		СТ	06611	01/3	31/2010	_
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Owner		Newfield Green Cleaners			If yes, list Event #		☐ No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes No		outor a lobbyis t child of a lob		Aggregate	Contributions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	-		No No		\$100.00	9100.00
Last Name	First Name		MI	Method of	contribution:		ontribution ID#	Amount of
Stripp	John		E	Cash Money	y Order X Credit/Deb	10	0831	Contribution
Residential Street Address		City		State	Zip Code		Received	
4 Scatacook Trl		Weston		СТ	06883-1312	01/3	31/2010	_
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
State Representative		State Of Connecticut			If yes, list Event #	Section 31:	No No	
Is contributor a principal of a state contractor	or prospective	Yes No		outor a lobbyis	-	Aggregate	Contributions	\neg
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	_ l `─	t child of a lob Yes	No		\$100.00	9100.00
government the contract is with: Last Name	First Name	Legislative Legislative			contribution:	<u> </u>		
Tagliatela	Stephen		IVII	Cash	X Personal Cl	heck	ontribution ID# 0832	Amount of Contribution
-		1		Money	y Order Credit/Deb		1632	_
Residential Street Address		City		State	Zip Code		Received	
10 Cove St		Old Saybrook		СТ	06475		31/2010	\dashv
Principal Occupation Innkeeper		Name of Employer Self			Is this contribution associa fundraising event listed in		Yes	
Піпкеереі		30.1			If yes, list Event #	_	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes No		outor a lobbyis	-	Aggregate	Contributions	
Is yes, indicate which branch or branches of		Executive Legislative	-	t child of a lob Yes	No		\$100.00	9100.00
government the contract is with: Last Name	First Name		MI	1	contribution:		ontribution ID #	
Thorpe	Bradford		R	Cash	X Personal Cl	heck)833	Amount of Contribution
		i		Money	y Order Credit/Deb	it Card		_
Residential Street Address 17 Mallard Dr		City Old Saybrook		State CT	Zip Code 06475-4310		Received 31/2010	
Principal Occupation		<u>'</u>			Is this contribution associa			\dashv
Mortgage Officer		Name of Employer Peoples United Bank			fundraising event listed in		Yes	
		<u> </u>			If yes, list Event #		∐ No	_
Is contributor a principal of a state contractor state contractor?	or prospective	Yes No		outor a lobbyis t child of a lob		Aggregate	Contributions	
Is yes, indicate which branch or branches of		Executive Legislative		_	No		\$50.00	0 \$50.00

		I. M	IONETARY RE	CEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individi	uals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Lemonte	Lemar				Cash Mone	y Order X Personal C		0829		Contribution
Residential Street Address		City			State	Zip Code	Da	ate Received		
175 Ferry Rd		Old Sayb	rook		СТ	06475	0:	1/31/2010)	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes	Ī
Retired		Retired				fundraising event listed in	Section J		No	
				ī		If yes, list Event #				1
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	F		Î	t child of a lot Yes	No		\$1	100.00	\$100.00
government the contract is with:	<u> </u>	Executive	Legislative	+-	_			1		1
Last Name	First Name			MI		contribution:	Thools	Contribution	on ID#	Amount of
Munger	Marguerit	e			Cash Mone	y Order X Credit/De		0830		Contribution
Residential Street Address	1	City			State	Zip Code		ate Received		1
32 Elaine Dr		Stamford	ı		CT	06902		1/31/2010)	
					1	Is this contribution associ			-	†
Principal Occupation Office Manager		Name of Er	aron, M.D.			fundraising event listed in		1?	_ ···	
Office Manager		3.400 30				If yes, list Event #		L	No	
Is contributor a principal of a state contractor	or prospective	•	Yes No	Is contrib	outor a lobbyis	st, spouse, or	Aggre	gate Contribu	itions	†
state contractor? Is yes, indicate which branch or branches of	_		_	dependen	t child of a lob	obyist?		-	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	L ,	Yes	No		·		·
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Artinian	Harry				Cash	X Personal C		0819		Contribution
		1			Mone	y Order Credit/De				-
Residential Street Address		City			State	Zip Code		ate Received	•	
9 Park Pl		Darien			СТ	06820	0	1/31/2010	J	-
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Ad Executive		McCann	WorldGroup			If yes, list Event #	i beetion s		No	
Is contributor a principal of a state contractor	or prospective		Yes No	In control	outor a lobbyis	at amount on	Τ.	- "		†
state contractor?	or prospective		Yes No		t child of a lot		Aggre	gate Contribu	ttions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	·	Yes	No		Þ 1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	A
Dell	Frank				Cash	X Personal C	Check	0825	JII ID #	Amount of Contribution
					Mone	y Order Credit/De	bit Card	0823		
Residential Street Address		City			State	Zip Code	Da	ate Received		
125 Hardesty Rd		Stamford	I		СТ	06903	0	1/31/2010	0	
Principal Occupation		Name of En	nployer			Is this contribution associ			Yes	
Manager		Dellmart	: & Co			fundraising event listed in	Section J	1?	No	
				1		If yes, list Event #				1
Is contributor a principal of a state contractor state contractor?	or prospective		Yes No		outor a lobbyis	-	Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lot Yes	No		\$1	100.00	\$100.00
government the contract is with:	ш	Executive	Legislative		103	110				<u> </u>

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Scialabba	First Name Arthur		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0834	ution ID#	Amount of Contribution
Residential Street Address 2 Acacia St		City Norwalk		State CT	Zip Code 06855	Date Receiv		
Principal Occupation Sales		Name of Employer LANE Telecommunications In	ic	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Cont	stibutions \$100.00	\$100.00
Last Name Rubino	First Name Gene		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0852	ution ID#	Amount of Contribution
Residential Street Address 63 Eastover Rd		City Stamford		State CT	Zip Code 06905-1402	Date Receiv 02/03/20		
Principal Occupation Real Estate		Name of Employer Plaza Realty & Management Corporation			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Osta	First Name Elizabeth		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0846	ution ID#	Amount of Contribution
Residential Street Address 90 W Bank Ln		City Stamford		State CT	Zip Code 06902	Date Receiv		
Principal Occupation Owner		Name of Employer NAGI Jewlery			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cont	sibutions \$100.00	\$100.00
Last Name Osta	First Name Lauren		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0847	ution ID#	Amount of Contribution
Residential Street Address 90 W Bank Ln		City Stamford		State CT	Zip Code 06902	Date Receiv		
Principal Occupation Student		Name of Employer College		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							FII	ILING DUE DATE	
Fedele 2010							Or	original 04/12/2010	
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name Altamura	First Name Dominic		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck C	Contribution ID	Amount of Contribution	
Residential Street Address 136 Mulberry St		City Stamford		State CT	Zip Code 06907		Received 03/2010		
Principal Occupation Janitor		Name of Employer GE		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate	e Contributions \$100.0		.00
Last Name Cognetta	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	Amount of Contribution	
Residential Street Address 774 South Ave		City New Canaan		State CT	Zip Code 06840		Received 03/2010		
Principal Occupation Electrician		Name of Employer MJ Cognetta Electrical		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate	e Contributions \$100.0		.00
Last Name Colasanto	First Name Anthony		MI	Cash	contribution: X Personal Character Credit/Debit	neck C	Contribution ID	Amount of Contribution	
Residential Street Address 151 Colony St		City Hamden		State CT	Zip Code 06514		Received 03/2010		
Principal Occupation Printer		Name of Employer Minit Print			Is this contribution associate fundraising event listed in the second of the second second in the second sec		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate	\$100.0		.00
Last Name Dettmer, M.D.	First Name Robert		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	O# Amount of Contribution	
Residential Street Address 52 Sea Beach Dr		City Stamford		State CT	Zip Code 06902-8126		Received 03/2010		
Principal Occupation Doctor Of Medecine		Name of Employer Self Employed			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0		.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•	
Last Name Godina	First Name Claudia		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 083	tribution ID#	Amount of Contribution
Residential Street Address 8 Ridge Tree Ln		City Stamford		State CT	Zip Code 06903	Date Rec 02/03/		
Principal Occupation Housewife		Name of Employer Housewife			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Godina	First Name Lee		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 084	tribution ID #	Amount of Contribution
Residential Street Address 8 Ridge Tree Ln		City Stamford		State CT	Zip Code 06903	Date Rec 02/03/		
Principal Occupation Executive		Name of Employer Resinall Corp			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name Godina	First Name Michael		MI M	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 084	tribution ID #	Amount of Contribution
Residential Street Address 241 Russet Rd		City Stamford		State CT	Zip Code 06903	Date Rec 02/03/		
Principal Occupation Manager		Name of Employer Resinall Corp			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Godina	First Name Kirstie		MI E	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 084	tribution ID #	Amount of Contribution
Residential Street Address 241 Russet Rd		City Stamford		State CT	Zip Code 06903	Date Rec 02/03/		
Principal Occupation Social Worker		Name of Employer New Canaan Public Schools			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Lidstrom	First Name Beverly		MI A	Cash	contribution: X Personal Cl	neck 084	ribution ID #	Amount of Contribution
Residential Street Address 54 Danbury Rd Apt 307		City Danbury		State CT	Zip Code 06877	Date Rec 02/03/		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Co	stributions \$10.00	\$10.00
Last Name Liguori	First Name Carmine		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 084	ribution ID #	Amount of Contribution
Residential Street Address 261 Brushy Plain Rd		City Branford		State CT	Zip Code 06405	Date Rec 02/03/		
Principal Occupation Chef		Name of Employer Carmine Tuscan Grille			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Co	stributions \$100.00	\$100.00
Last Name Marena	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 084	ribution ID #	Amount of Contribution
Residential Street Address 44 Strawberry Hl Unit 6D		City Stamford		State CT	Zip Code 06901	Date Rec 02/03/		
Principal Occupation Realtor		Name of Employer Marena Realty			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Co	\$100.00	\$100.00
Last Name Papallo	First Name Stella		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 084	ribution ID #	Amount of Contribution
Residential Street Address 20 Camelot Ct		City Stamford		State CT	Zip Code 06907	Date Rec 02/03/		
Principal Occupation General Contractor		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	sntributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Rubino	First Name Day		MI A	Cash	contribution: X Personal Cl	neck 0851	ution ID#	Amount of Contribution
Residential Street Address 63 Eastover Rd		City Stamford		State CT	Zip Code 06905	Date Receiv 02/03/20		
Principal Occupation Homemaker		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Smeriglio	First Name Antonio		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0853	ution ID#	Amount of Contribution
Residential Street Address 23 Burwood Ave		City Stamford		State CT	Zip Code 06902	Date Receiv 02/03/20		
Principal Occupation Postman		Name of Employer Post Office			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	ibutions \$80.00	\$80.00
Last Name Tackman	First Name Alan		MI C	Cash	contribution: X Personal Cl	neck 0854	ution ID#	Amount of Contribution
Residential Street Address 106 Topstone Rd		City Redding		State CT	Zip Code 06896	Date Receiv 02/03/20		
Principal Occupation CPA		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Contr	\$25.00	\$25.00
Last Name Zaccarelli	First Name Janet		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0855	ution ID#	Amount of Contribution
Residential Street Address 14 Shields Ln		City Ridgefield		State CT	Zip Code 06877	Date Receiv 02/03/20		
Principal Occupation Homemaker		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		-	
Last Name Zaccarelli	First Name William		MI R	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0856	oution ID#	Amount of Contribution
Residential Street Address 14 Shields Ln		City Ridgefield		State CT	Zip Code 06877	Date Recei 02/03/2		
Principal Occupation CFO		Name of Employer Resinall Corp		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Conf	ributions \$100.00	\$100.00
Last Name Panico	First Name Alfonso		MI E	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0848	oution ID#	Amount of Contribution
Residential Street Address 90 St John St		City North Haven		State CT	Zip Code 06473	Date Recei 02/03/2		
Principal Occupation Self		Name of Employer Self Employed			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Pizzola	First Name Lorena		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0850	oution ID#	Amount of Contribution
Residential Street Address 2 Old Quarry Rd		City Woodbridge		State CT	Zip Code 06525	Date Recei 02/03/2		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Conf	ributions \$100.00	\$100.00
Last Name Bocchino	First Name John		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0857	oution ID #	Amount of Contribution
Residential Street Address 1 Candlelight Pl		City Greenwich		State CT	Zip Code 06830	Date Recei 02/04/2		
Principal Occupation Office Admin		Name of Employer Rubino Bros Inc.			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name Bondar	First Name Crystal			MI	Cash	contribution: X Personal C Order Credit/Del		Contribution 0858	on ID#	Amount of Contribution
Residential Street Address 477 Den Rd		City Stamford	1		State CT	Zip Code 06903		ate Received 2/04/2010	0	
Principal Occupation Administrator		Name of En				Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative		utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$1	utions	\$100.00
Last Name Boritzer	First Name Eric			MI R	Cash	contribution: X Personal C		Contribution 0859	on ID#	Amount of Contribution
Residential Street Address 1401 Chadwick Ct		City Tarrytow	'n		State NY	Zip Code 10591-5036		2/04/2010	0	
Principal Occupation Manager		Name of E				Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$1	utions	\$100.00
Last Name Dorf	First Name Bryan			MI	Cash	contribution: Personal C Order X Credit/Det		Contribution	on ID#	Amount of Contribution
Residential Street Address 14 Beaver Pond Ln		City South Sa	ılem		State NY	Zip Code 10590		ate Received 2/04/2010)	
Principal Occupation physician		Name of E	mployer			Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	child of a lob	byist?	Aggre	gate Contribu \$1	utions	\$100.00
Last Name Dorf	First Name Samantha	ı		MI	Cash	contribution: Personal C Order X Credit/Del		Contribution	on ID#	Amount of Contribution
Residential Street Address 14 Beaver Pond Ln		City South Sa	ılem		State NY	Zip Code 10590		ate Received 2/04/2010	0	
Principal Occupation manager		Name of E	mployer e Medical LLP			Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$1	itions	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Fitzpatrick	First Name Neil		MI J	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debi	0862	tion ID#	Amount of Contribution
Residential Street Address 57 Ledge Ln		City Stamford		State CT	Zip Code 06905	Date Receive 02/04/20		
Principal Occupation Operations		Name of Employer Rubino Bros Inc.			Is this contribution associated fundraising event listed in the state of the state	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Possidento	First Name Rocco		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	I 0864	tion ID#	Amount of Contribution
Residential Street Address 281 Hubbard Ave		City Stamford		State CT	Zip Code 06905	Date Receive		
Principal Occupation Manager		Name of Employer Rubino Bros Inc.			Is this contribution associate fundraising event listed in State of the If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contri	butions \$100.00	\$100.00
Last Name Rubino	First Name Anthony		MI	Cash	contribution: X Personal Character Credit/Debit	0865	tion ID#	Amount of Contribution
Residential Street Address 105 Davenport Farm Ln W		City Stamford		State CT	Zip Code 06903	Date Receive 02/04/20		
Principal Occupation Owner		Name of Employer Rubino Bros Inc.			Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Rubino	First Name Frank		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	heck 0866	tion ID#	Amount of Contribution
Residential Street Address 11 Fairmont Ave		City Stamford		State CT	Zip Code 06906	Date Receive		
Principal Occupation Owner		Name of Employer Rubino Bros Inc.			Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Knickerbocker	First Name Richard		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0863	ibution ID#	Amount of Contribution
Residential Street Address 110 Capen St		City Windsor		State CT	Zip Code 06095	Date Rece 02/04/2		
Principal Occupation Reciever		Name of Employer ARAMARK		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	stributions \$25.00	\$25.00
Last Name Stripp	First Name Judith		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0869	ibution ID#	Amount of Contribution
Residential Street Address 4 Scatacook Trl		City Weston		State CT	Zip Code 06883	Date Rece 02/05/2		
Principal Occupation Paralegal		Name of Employer Brad Aron LLC			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Brennan	First Name Daniel		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0867	ibution ID #	Amount of Contribution
Residential Street Address 184 Bedford St		City Stamford		State CT	Zip Code 06901	Date Rece 02/05/2		
Principal Occupation Insurance agent		Name of Employer Bev Inc			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	stributions \$100.00	\$100.00
Last Name Vlahakis	First Name Nicholas		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0870	ibution ID#	Amount of Contribution
Residential Street Address 184 Bedford St		City Stamford		State CT	Zip Code 06901	Date Rece 02/05/2		
Principal Occupation Insurance Agent		Name of Employer Bev Inc			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	stributions \$100.00	\$100.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
DiPietro	Joseph			А	Cash Money	y Order X Personal Credit/De		0868		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
129 Redmont Rd		Stamford			СТ	06903	0	2/05/2010)	
Principal Occupation Executive		Name of En	nployer s Hardware		•	Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob	obyist?	Aggre	egate Contribu	tions .00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	
Wood, Jr	John			F	Cash	y Order Personal Credit/De		0871	m 1D #	Amount of Contribution
Residential Street Address		City		1	State	Zip Code	D	ate Received		
50 St Nichols Rd		Darien			СТ	06820	0	2/05/2010)	
Principal Occupation		Name of En	nployer		•	Is this contribution assoc			Yes	
Financial Advisor		Morgan S	Stanley	_		fundraising event listed in If yes, list Event #	n Section I		No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob Yes		Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Wood	Terrie			E	Cash Money	y Order X Personal Credit/De		0872		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
50 St Nichols Rd		Darien			СТ	06820	0	2/05/2010)	
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in			Yes	
Legislator		State Of	Connecticut			If yes, list Event #	i section .	,,,, 	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No	dependent	outor a lobbyist child of a lob		Aggre	egate Contribu	tions 00.00	\$100.00
government the contract is with: Last Name	First Name			MI	I	contribution:	<u> </u>	Contributio	ID #	
Ippolito	Richard				Cash	y Order X Credit/De		0873	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
383 Erskine Rd		Stamford			СТ	06903	0	2/07/2010)	
Principal Occupation		Name of Er	nployer			Is this contribution assoc			Yes	
Home Builder		Richard A	A Ippolito, Inc.			fundraising event listed in If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor	or prospective	-	Yes No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Evacuti	I postalación	dependent	child of a lob Yes	-		\$1	00.00	\$100.00
government the contract is with:	ᆜ	Executive	Legislative	Т п,	es	INO	1			

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Assaf	First Name Elia		MI Y	Cash	contribution: X Personal Cl	heck 0874	tion ID#	Amount of Contribution
Residential Street Address 18 Padanaram Rd		City Danbury		State CT	Zip Code 06811	Date Receive		
Principal Occupation Distributor		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggregate Contri	butions \$100.00	\$100.00
Last Name Besser	First Name Eileen		MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0875	tion ID#	Amount of Contribution
Residential Street Address 23 Tobys Ln		City New Canaan		State CT	Zip Code 06840-3437	Date Receive		
Principal Occupation Homemaker		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	-	Aggregate Contri	butions \$100.00	\$100.00
Last Name Brown	First Name Patricia		MI L	Cash	contribution: X Personal Cl	heck 0876	ition ID#	Amount of Contribution
Residential Street Address 33 Pine Hill Ave Unit 5		City Stamford		State CT	Zip Code 06906	Date Receive 02/08/20		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	-	Aggregate Contri	butions \$100.00	\$100.00
Last Name Brown	First Name Philip		MI W	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0877	tion ID#	Amount of Contribution
Residential Street Address 33 Pine Hill Ave		City Stamford		State CT	Zip Code 06906	Date Receive		
Principal Occupation Engineer		Name of Employer City of Stamford		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggregate Contri	butions \$100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Cavallo, MD	Russell				Cash Money	y Order X Personal Credit/De		0878		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
3 Parkridge Ct		Rye Broo	k		NY	10573	0	2/08/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
Orthapedic Surgeon		Premier	Medical Group	-		fundraising event listed i If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	I '─	t child of a lob Yes			\$1	100.00	\$100.00
government the contract is with:	First Name	Executive	Legislative			contribution:		1		<u> </u>
Colangelo	Patrick			MI	Cash	x Personal	Check	Contributio	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	0879		
Residential Street Address		City			State	Zip Code	Б	ate Received		
23 Gaxton Rd		Stamford	<u> </u>		СТ	06905	0	2/08/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
Retired		Retired				fundraising event listed i If yes, list Event #	ii section.		No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis	-	Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	obyist?		\$1	100.00	\$100.00
government the contract is with:	<u></u> — <u> </u>	Executive	Legislative	+-				1		<u> </u>
Last Name Di Monda	First Name Elisa			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
J. Frontag	250					y Order Credit/De	bit Card	0880		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
2 Mavis Ln		Greenwic	h		СТ	06830	0	2/08/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
Retired		Retired				fundraising event listed i If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes No	Is contrib	outor a lobbyis	et snouse or	1		-4:	ł
state contractor? Is yes, indicate which branch or branches of			i es ino		t child of a lob	obyist?	Aggre	egate Contribu \$1	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	L 1	/es	No				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Gavin	Joseph			Н	Cash Money	y Order Personal Credit/De		0881		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
1 Capalbo Pl		Cos Cob			СТ	06807	0	2/08/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
Land Management		Belle Ha	ven Land Co			fundraising event listed i If yes, list Event #	n occuon .		No	
Is contributor a principal of a state contractor	or prospective	I	Yes No	Is contrib	outor a lobbyis	st. spouse, or	A ~~~	egate Contribu	itions	†
state contractor? Is yes, indicate which branch or branches of				dependent	t child of a lob	obyist?	Aggre	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	Y	res	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Giancola	First Name Dianne		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 088	ribution ID #	Amount of Contribution
Residential Street Address 14 Westover Ave		City Stamford		State CT	Zip Code 06902	Date Rec 02/08/		
Principal Occupation Marketing		Name of Employer DG Communications		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	shtributions \$100.00	\$100.00
Last Name Giangoia	First Name Robert		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 088	ribution ID#	Amount of Contribution
Residential Street Address 45 Fara Dr		City Stamford		State CT	Zip Code 06905-3216	Date Rec 02/08/		
Principal Occupation Shipbroker		Name of Employer ICAP			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	stributions \$100.00	\$100.00
Last Name Inzitari	First Name Richard		MI A	Cash	contribution: X Personal Character Credit/Debit	neck 088	ribution ID #	Amount of Contribution
Residential Street Address 55 Unity Rd		City Stamford		State CT	Zip Code 06905-3112	Date Rec 02/08/		
Principal Occupation Retired		Name of Employer None			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	shtributions \$100.00	\$100.00
Last Name Laudonia	First Name Anthony		MI T	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 088	ribution ID #	Amount of Contribution
Residential Street Address 6 Cantine Farms Rd Unit 3		City Cos Cob		State CT	Zip Code 06807	Date Rec 02/08/		
Principal Occupation Tax Collector		Name of Employer City of Greenwich		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	sntributions \$100.00	\$100.00

		I. MONETARY	RECEI	PTS (S	Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized Contr	ibutions f	from In	dividu	als		•		
Last Name Marena	First Name John		MI	M	Cash Money	contribution: X Personal Contribution: Corder Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 46 Clinton Ave		City Norwalk		St	tate T	Zip Code 06854		ate Received 2/08/2010)	
Principal Occupation Broker		Name of Employer Self		·		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Yes Legislative		eontributor endent chil Yes	-		Aggreg	gate Contribu \$1	tions 00.00	\$100.00
Last Name Mason	First Name Sybilla		MI	L M	Cash Money	contribution: X Personal Conder Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 325 Lafayette St # 8308		City Stamford		Si	tate T	Zip Code 06604		ate Received 2/08/2010)	
Principal Occupation Contract Administrator		Name of Employer Sampra Energy Trading		·		Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Yes Legislative		endent chil	-	•	Aggre	gate Contribu	tions 00.00	\$100.00
Last Name McCabe	First Name Katie		MI Z	M	Cash Money	contribution: X Personal C		Contributio	on ID#	Amount of Contribution
Residential Street Address 23 Pepper Ridge Pl		City Stamford		St	tate T	Zip Code 06905		ate Received 2/08/2010)	
Principal Occupation Social Worker		Name of Employer Student		·		Is this contribution associa fundraising event listed in If yes, list Event #		1? _	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Yes Legislative		eontributor endent chil Yes	-	-	Aggreg	gate Contribu \$1	tions 00.00	\$100.00
Last Name Minyo	First Name Nancy		MI R	M L	Cash Money	contribution: X Personal Conder Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 39 Ridge St		City Cos Cob		Si	tate T	Zip Code 06807		ate Received 2/08/2010)	
Principal Occupation Retired		Name of Employer Retired		•		Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Yes Legislative		endent chil		-	Aggre	gate Contribu \$1	tions 00.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Con	tribution ID #	Amount of
Moore	Bruce			Cash Money	x Personal Ch y Order Credit/Debi	089	92	Contribution
Residential Street Address		City		State	Zip Code	Date Re		
89 West Trl		Stamford		СТ	06903	02/08,	/2010	
Principal Occupation President		Name of Employer Eastern Land Management			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
			1					-
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate C	s100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:	Con	tribution ID#	Amount of
Moore	Cheryl		А	Cash Money	X Personal Ch y Order Credit/Debi	089	93	Contribution
Residential Street Address 89 West Trl		City Stamford		State CT	Zip Code 06903	Date Re-		
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associate			1
Board of Education		City of Stamford			fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate C	ontributions \$100.00	\$100.00
government the contract is with: Last Name	First Name	Executive Englishative	I _{MI}		contribution:	- C	tribution ID #	<u> </u>
O'Brien	Tara			Cash	X Personal Ch y Order Credit/Debi	eck 089		Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Re	ceived	
283 Sundance Rd		Stamford		СТ	06905	02/08,	/2010	1
Principal Occupation Nursery School Teacher		Name of Employer OBGYN Associates			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
			,		'			-
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		dependent	utor a lobbyis child of a lob	byist?	Aggregate C	ontributions \$100.00	\$100.00
government the contract is with:		Executive Legislative	+ -	1	No			
Last Name Scrivani	First Name George E.		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 089	tribution ID # 95	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Re	ceived	†
15 Roaring Brook Rd		Easton		CT	06612	02/08		
Principal Occupation Banker		Name of Employer Stamford Bank and Trust			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Stanek	First Name		MI	Method of Cash	contribution:	neck	ution ID#	Amount of Contribution
Starick	Luuru				y Order X Credit/Debi	t Card 0898		Contribution
Residential Street Address 37 Nash Pl		City Norwalk		State CT	Zip Code 06854	Date Received 02/08/20		
Principal Occupation Massage Therapist		Name of Employer Self			Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Sullivan	First Name John		MI D	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0899	ution ID#	Amount of Contribution
Residential Street Address 239 Baxter Rd		City Mansfield		State CT	Zip Code 06268	Date Receive 02/08/2		
Principal Occupation Manager of Treasury Services		Name of Employer University of Connecticut		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Tamburri	First Name Mary Ann	ı	MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 0900	ution ID#	Amount of Contribution
Residential Street Address 63 Downs Ave		City Stamford		State CT	Zip Code 06902	Date Recei		
Principal Occupation Nursery School Teacher		Name of Employer OBGYN Associates		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Terenzio	First Name Lucille		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0901	ution ID #	Amount of Contribution
Residential Street Address 106 Club Rd		City Stamford		State CT	Zip Code 06905-2120	Date Receiv		
Principal Occupation Asst. Registrar of Voters		Name of Employer City of Stamford			Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals		_	
Last Name Vinci	First Name Diane		MI	Cash	contribution: X Personal Cl y Order	heck 090	ibution ID #	Amount of Contribution
Residential Street Address 413 Glenrbook Rd Unit 10		City Stamford		State CT	Zip Code 06906	Date Recei		
Principal Occupation Administrator		Name of Employer US Chemicals		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Cor	\$100.00	\$100.00
Last Name Walker	First Name Douglas		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 090	ibution ID#	Amount of Contribution
Residential Street Address 6 Pine Tree Dr		City Stamford		State CT	Zip Code 06906	Date Rece 02/08/2		
Principal Occupation Driver		Name of Employer First Student			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Zohdy	First Name Mohamed		MI M	Cash	contribution: X Personal Cl	heck 090	ibution ID #	Amount of Contribution
Residential Street Address 77 Circle Dr		City Greenwich		State CT	Zip Code 06830-6738	Date Rece 02/08/2		
Principal Occupation Owner		Name of Employer Zody's 19th Hole			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Co	\$100.00	\$100.00
Last Name Zohdy	First Name Teresa		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 090	ibution ID#	Amount of Contribution
Residential Street Address 77 Circle Dr		City Greenwich		State CT	Zip Code 06880	Date Recei 02/08/2		
Principal Occupation Homemaker		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals			
Last Name Katz	First Name Geraldine	,	MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 088	ribution ID #	Amount of Contribution
Residential Street Address 460 Hunting Ridge Rd		City Stamford		State CT	Zip Code 06903	Date Reco		
Principal Occupation Grant Writer		Name of Employer City of Stamford			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Co	stributions \$100.00	\$100.00
Last Name Sheinbaum	First Name Dani		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 089	ribution ID #	Amount of Contribution
Residential Street Address 233 E Hunting Ridge Rd		City Stamford		State CT	Zip Code 06903	Date Reco		
Principal Occupation Student		Name of Employer Student			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Co	ntributions \$100.00	\$100.00
Last Name Sheinbaum	First Name Patty		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 089	ribution ID #	Amount of Contribution
Residential Street Address 233 E Hunting Ridge Rd		City Stamford		State CT	Zip Code 06903	Date Reco		
Principal Occupation Homemaker		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Co	stributions \$100.00	\$100.00
Last Name Mezzapelle	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 089	ribution ID #	Amount of Contribution
Residential Street Address 10 Greens Cir		City Stamford		State CT	Zip Code 06903	Date Reco		
Principal Occupation CPA		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ntributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•	
Last Name DELUCA	First Name		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	0906	tion ID#	Amount of Contribution
Residential Street Address 7 Deluca Dr		City Cos Cob		State CT	Zip Code 06807	Date Receive 02/09/20		
Principal Occupation EXCAVATION		Name of Employer SELF			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contri	butions \$100.00	\$100.00
Last Name Gautrau	First Name Chris		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	0907	tion ID#	Amount of Contribution
Residential Street Address PO Box 327		City Riverside		State CT	Zip Code 06878	Date Receive 02/09/20		
Principal Occupation real estate		Name of Employer self		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contri	butions \$100.00	\$100.00
Last Name stelzi	First Name donna		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	0911	tion ID#	Amount of Contribution
Residential Street Address PO Box 327		City Riverside		State CT	Zip Code 06878	Date Receive 02/09/20		
Principal Occupation dir of operations		Name of Employer northeast food marketing			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contri	butions \$100.00	\$100.00
Last Name POWERS	First Name MICHAEL		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0908	tion ID#	Amount of Contribution
Residential Street Address 46 Douglas Dr		City Norwalk		State CT	Zip Code 06850	Date Receive		
Principal Occupation CATERER		Name of Employer SELF			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$100.00	\$100.00

		I. MONETARY I	RECEIPT	ΓS (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contrib	utions fro	m Individ	uals		•	
Last Name QUERZE	First Name DINO		MI	Cash	contribution: Personal C y Order X Credit/Deb	0909	tion ID#	Amount of Contribution
Residential Street Address 46 Club Cir		City Stamford		State CT	Zip Code 06905	Date Receive 02/09/20		
Principal Occupation CONSULTANT		Name of Employer SLEF		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative		ributor a lobbyis ent child of a lob Yes	-	Aggregate Contri	butions \$100.00	\$100.00
Last Name Schock	First Name Billie		MI	Cash	contribution: Personal C y Order X Credit/Deb	0910	tion ID#	Amount of Contribution
Residential Street Address 70 Merry Violet Rd		City Stamford		State CT	Zip Code 06907	Date Receive 02/09/20		
Principal Occupation Parks and Req		Name of Employer Town of Greenwich		·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative		ributor a lobbyis ent child of a lob Yes	-	Aggregate Contri	butions \$100.00	\$100.00
Last Name Bivona	First Name Diana		MI	Cash	contribution: X Personal C y Order	0912	tion ID#	Amount of Contribution
Residential Street Address 87 Buckingham Ridge Rd		City Wilton		State CT	Zip Code 06897	Date Receive 02/10/20		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative		ributor a lobbyis ent child of a lob Yes	-	Aggregate Contri	butions \$100.00	\$100.00
Last Name Bivona, Jr.	First Name Thomas		MI C	Cash	contribution: X Personal C y Order Credit/Deb	heck 0913	tion ID#	Amount of Contribution
Residential Street Address 87 Buckingham Ridge Rd		City Wilton		State CT	Zip Code 06897	Date Receive		
Principal Occupation Owner		Name of Employer My Way Auto Body		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative		ributor a lobbyis ent child of a lob Yes		Aggregate Contri	butions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•	
Last Name Echevarria	First Name Clarissa		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 091	ribution ID#	Amount of Contribution
Residential Street Address 37 Hawthorne Dr		City Norwalk		State CT	Zip Code 06851	Date Rec 02/10/		
Principal Occupation Secretary		Name of Employer My Way Auto Body		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name wilson foley	First Name lisa		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 091	ribution ID # .5	Amount of Contribution
Residential Street Address 76 Hartford Rd		City Simsbury		State CT	Zip Code 06070	Date Rec 02/10/		
Principal Occupation owner		Name of Employer allstar therapy llc			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Co	stributions \$100.00	\$100.00
Last Name Brown	First Name Gordon		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 091	ribution ID#	Amount of Contribution
Residential Street Address 1450 Washington Blvd Apt 1601		City Stamford		State CT	Zip Code 06902	Date Rec 02/13/		
Principal Occupation Managing Partner		Name of Employer Select Financial, LLC		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Bujdud	First Name Christian		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 091	ribution ID#	Amount of Contribution
Residential Street Address 192 Barclay Dr		City Stamford		State CT	Zip Code 06903	Date Rec 02/13/		
Principal Occupation Retired MD		Name of Employer Self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY	RECEI	IPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized Contr	ibutions	from	Individu	als				
Last Name Hamman	First Name Dale		MI	I	Method of o	contribution: X Personal C Order Credit/Det		Contribution 0918	on ID#	Amount of Contribution
Residential Street Address 29 Lindsey Ave		City Stamford			State CT	Zip Code 06905		ate Received 2/13/2010)	
Principal Occupation Stone Fabrication		Name of Employer Self-Employed		·		Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Yes Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Lindner	First Name Aileen		MI	I	Method of o	contribution: X Personal C Order Credit/Del		Contribution	on ID #	Amount of Contribution
Residential Street Address 28 Saddle Ridge Rd		City Wilton			State CT	Zip Code 06897		ate Received 2/13/2010)	
Principal Occupation Physician		Name of Employer Self		·		Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Yes Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	stions	\$50.00
Last Name Lopez	First Name Luis		MI A	I	Method of o	contribution: X Personal C		Contribution	on ID#	Amount of Contribution
Residential Street Address 325 Lafayette St # 8308		City Bridgeport			State CT	Zip Code 06604		ate Received)	
Principal Occupation Dance Studio Owner/Promoter		Name of Employer Self-Employed				Is this contribution association fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Yes Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Russell	First Name Jo-Ann		MI	I	Method of o	contribution: X Personal C Order Credit/Del		Contribution	on ID #	Amount of Contribution
Residential Street Address 8 Miya Ln		City Sandy Hook			State CT	Zip Code 06482		ate Received 2/13/2010		
Principal Occupation RN		Name of Employer Danbury Hospital		•		Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes N			tor a lobbyist	byist?	Aggre	gate Contribu \$1	tions	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals		•	
Last Name Russell	First Name Robert		MI L	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address 8 Miya Ln		City Sandy Hook		State CT	Zip Code 06482	Date Re 02/13	eceived 3/2010	
Principal Occupation Executive		Name of Employer GlenGate Co.		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate C	Contributions \$100.00	\$100.00
Last Name Sisco	First Name Brenda		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 09	ntribution ID#	Amount of Contribution
Residential Street Address 10 Brockway Rd		City Ellington		State CT	Zip Code 06029-3715	Date Re 02/13	eceived 3/2010	
Principal Occupation Commissioner		Name of Employer State Of Connecitcut			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate C	Contributions \$100.00	\$100.00
Last Name Cunn	First Name Davod		MI S	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address 40 Rockrimmon Ln		City Stamford		State CT	Zip Code 06903	Date Re 02/17		
Principal Occupation Banker		Name of Employer JP Morgan			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate C	Contributions \$100.00	\$100.00
Last Name Pavia	First Name Michelle		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 09	ntribution ID#	Amount of Contribution
Residential Street Address 907 Long Ridge Rd		City Stamford		State CT	Zip Code 06903	Date Re	eceived 7/2010	
Principal Occupation Teacher		Name of Employer Town of New Canaan		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETAI	RY RECI	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized Co	ntribution	s from	Individu	ıals				
Last Name Imbimbo	First Name Vincent		N	MI	Cash	contribution: Personal C Order X Credit/De		Contribution	on ID #	Amount of Contribution
Residential Street Address 95 Briar Ct		City Cheshire			State CT	Zip Code 06410		ate Received 2/18/2010)	
Principal Occupation Trooper		Name of Employer State of CT		•		Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	.00.00	\$100.00
Last Name Kimes, Jr.	First Name Russell		N	MI	Cash	contribution: Personal (/ Order X Credit/De		Contribution	on ID #	Amount of Contribution
Residential Street Address 134 East Ave		City New Canaan			State CT	Zip Code 06840		ate Received 2/18/2010)	
Principal Occupation Attorney-at-Law		Name of Employer Self				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		ttor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	ons.00.00	\$100.00
Last Name Hess	First Name Marilyn		N A	MI A	Method of o	contribution: X Personal C		Contribution 0928	on ID#	Amount of Contribution
Residential Street Address 112 Wilderness Dr		City Naples			State FL	Zip Code 34105		ate Received 2/19/2010)	
Principal Occupation Retired		Name of Employer Retired				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist child of a lob es		Aggre	gate Contribu \$1	.00.00	\$100.00
Last Name Goodwin	First Name Samuel		N	MI	Cash	contribution: X Personal (Contribution	on ID #	Amount of Contribution
Residential Street Address 14032 Elmstead Rd		City Midlothian			State VA	Zip Code 23113		ate Received 2/20/2010)	
Principal Occupation Brand Management		Name of Employer Unemployed		•		Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	d		tor a lobbyist	byist?	Aggre	gate Contribu	tions 550.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		-	
Last Name Sherlach	First Name William		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0930	oution ID#	Amount of Contribution
Residential Street Address 33 Vintage Rd		City Trumbull		State CT	Zip Code 06611	Date Recei 02/22/2		
Principal Occupation Financial Advisor		Name of Employer Morgan Stanley		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Chao	First Name Christine		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0931	oution ID#	Amount of Contribution
Residential Street Address 64 Willowmere Cir		City Riverside		State CT	Zip Code 06878	Date Recei		
Principal Occupation attorney		Name of Employer self employed		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Shaver	First Name James		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0933	oution ID#	Amount of Contribution
Residential Street Address 64 Willowmere Cir		City Riverside		State CT	Zip Code 06878	Date Recei		
Principal Occupation Portfolio Manager		Name of Employer SAC Capital			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Russo	First Name Robert		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0932	oution ID#	Amount of Contribution
Residential Street Address 208 Brooklawn Ave		City Bridgeport		State CT	Zip Code 06604	Date Recei		
Principal Occupation Attorney		Name of Employer Self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Katz	First Name Julia		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 093	tribution ID #	Amount of Contribution
Residential Street Address 460 Hunting Ridge Rd		City Stamford		State CT	Zip Code 06903	Date Rec 02/24/		
Principal Occupation Paralegal		Name of Employer Mark F. Katz			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	s100.00	\$100.00
Last Name Cooper	First Name Denise		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 093	tribution ID#	Amount of Contribution
Residential Street Address 77 Ripley Hill Rd		City Coventry		State CT	Zip Code 06238	Date Rec 02/25/		
Principal Occupation WPCA Adminstrator		Name of Employer Town of Hebron			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Co	ontributions \$100.00	\$100.00
Last Name Brinson	First Name Corey		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 093	tribution ID#	Amount of Contribution
Residential Street Address 8E Westview Dr		City Bloomfield		State CT	Zip Code 06002	Date Rec 02/25/		
Principal Occupation Attorney		Name of Employer Self-Employed			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	s100.00	\$100.00
Last Name Lombardi	First Name Mario L.		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 093	tribution ID#	Amount of Contribution
Residential Street Address 995 Shippan Ave .		City Stamford		State CT	Zip Code 06902	Date Rec 02/26/		
Principal Occupation Investor		Name of Employer Self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MO	NETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. Item	nized Contribution	ons from	Individu	ıals				
Last Name Rondano	First Name Edward			MI J	Cash	contribution: X Personal C		Contribution 0938	on ID#	Amount of Contribution
Residential Street Address 28 Lake Dr		City Darien			State CT	Zip Code 06820		ate Received		
Principal Occupation Police Officer		Name of Emplo	-	_	-	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob es	-	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Rondano	First Name Kathy			MI D	Cash	contribution: X Personal (y Order Credit/De		Contribution 0939	on ID#	Amount of Contribution
Residential Street Address 28 Lake Dr		City Darien			State CT	Zip Code 06820		ate Received		
Principal Occupation Homemaker		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob es	-	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Stella	First Name Anna			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0940	on ID#	Amount of Contribution
Residential Street Address 147 Willowbrooke Aveneue		City Stamford			State CT	Zip Code 06902		ate Received		
Principal Occupation Retired		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob es		Aggre	egate Contribu	stions \$50.00	\$50.00
Last Name Zinicola	First Name Nick			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0941	on ID#	Amount of Contribution
Residential Street Address 64 Elm Dr		City Newtown			State CT	Zip Code 06470		ate Received		
Principal Occupation Financial Analyst		Name of Emplo	-		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob		Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Braccia	First Name Robert S		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0942	ibution ID #	Amount of Contribution
Residential Street Address 202-48 Soundview Ave		City Stamford		State CT	Zip Code 06902	Date Rece 02/27/2		
Principal Occupation Police Sergeant - retired		Name of Employer City of Stamford - retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Christensen	First Name Cindy		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0943	ibution ID#	Amount of Contribution
Residential Street Address 13 Southview Ave		City Danbury		State CT	Zip Code 06811	Date Rece 02/27/2		
Principal Occupation Nurse Manager		Name of Employer VA Hospital			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Totilo, Sr.	First Name Frank		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0944	ibution ID #	Amount of Contribution
Residential Street Address 13 Southview Ave		City Danbury		State CT	Zip Code 06811	Date Rece 02/27/2		
Principal Occupation Real Estate		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Cor	\$100.00	\$100.00
Last Name Schroeder	First Name Mark		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0946	ibution ID #	Amount of Contribution
Residential Street Address 1549 Huntington Tpke		City Trumbull		State CT	Zip Code 06611	Date Rece 03/01/2		
Principal Occupation Marketing		Name of Employer Akzo Nobel		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Cor	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name smoller	First Name andrew		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0947	ibution ID #	Amount of Contribution
Residential Street Address 2 Tods Driftway		City Old Greenwich		State CT	Zip Code 06870	Date Rece 03/01/2		
Principal Occupation portfolio manager		Name of Employer millennium partners			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	stributions \$100.00	\$100.00
Last Name Corelli	First Name Anthony		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0945	ibution ID#	Amount of Contribution
Residential Street Address 48 Bungalow Park		City Stamford		State CT	Zip Code 06902	Date Rece 03/01/2		
Principal Occupation Sales Manager		Name of Employer Stepping Stones Marble and	Granite		Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Mercede	First Name Nicholas		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0948	ibution ID#	Amount of Contribution
Residential Street Address 31 Horseshoe Ln		City Stamford		State CT	Zip Code 06903	Date Rece 03/02/2		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	stributions \$100.00	\$100.00
Last Name D'Elia	First Name Nicola		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0949	ibution ID#	Amount of Contribution
Residential Street Address 52 Skyview Dr		City Stamford		State CT	Zip Code 06902	Date Rece 03/03/2		
Principal Occupation Mechanic		Name of Employer Bimbo Bakeries		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals			
Last Name Ruffino	First Name Stephen		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 0952	oution ID#	Amount of Contribution
Residential Street Address 291 Hope St Unit B-1		City Stamford		State CT	Zip Code 06906	Date Recei 03/03/2		
Principal Occupation Associate		Name of Employer Jefferies		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Con	ributions \$100.00	\$100.00
Last Name Vignola	First Name Leonard		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0953	oution ID#	Amount of Contribution
Residential Street Address 40 Powell Pl		City Stamford		State CT	Zip Code 06902	Date Recei 03/03/2		
Principal Occupation President		Name of Employer Beacon Partners, Inc.			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	ributions \$50.00	\$50.00
Last Name Tommelleo	First Name Donna		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0954	oution ID#	Amount of Contribution
Residential Street Address 25 Sarah Pearl Rd		City Hampton		State CT	Zip Code 06247	Date Recei 03/03/2		
Principal Occupation Communications		Name of Employer State of Connecticut			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	ributions \$100.00	\$100.00
Last Name Gaboury	First Name Kelly		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0950	oution ID#	Amount of Contribution
Residential Street Address 54 Meadowood Ln		City Old Saybrook		State CT	Zip Code 06475	Date Recei 03/03/2		
Principal Occupation Rec Coord		Name of Employer Town of Old Saybrook		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	ributions \$10.00	\$10.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Gaboury	First Name Mario		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0951	ution ID#	Amount of Contribution
Residential Street Address 54 Meadowood Ln	<u> </u>	City Old Saybrook		State CT	Zip Code 06475	Date Receive 03/03/20		
Principal Occupation Professor		Name of Employer Univ of New Haven		!	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	spations \$20.00	\$20.00
Last Name Caulfield	First Name John		MI C	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0965	ution ID#	Amount of Contribution
Residential Street Address 351 Pemberwick Rd		City Greenwich		State CT	Zip Code 06831	Date Receive 03/04/20		
Principal Occupation Lawyer		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Kernan	First Name Gilbert		MI	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	neck 0985	ution ID#	Amount of Contribution
Residential Street Address 14 Sherry Ln		City Darien		State CT	Zip Code 06820	Date Receive 03/04/20		
Principal Occupation Real Estate		Name of Employer Self			Is this contribution associated fundraising event listed in St. If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	stantions \$100.00	\$100.00
Last Name Levine	First Name Sheldon		MI	Cash	contribution: X Personal Character Credit/Debi	neck 0987	ution ID#	Amount of Contribution
Residential Street Address 29 Cricket Ln		City Stamford		State CT	Zip Code 06903	Date Receive 03/04/20		
Principal Occupation Retired		Name of Employer None		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$75.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Contrib	ution ID#	Amount of
King	David			Cash Money	x Personal Ch y Order Credit/Debi	0986		Contribution
Residential Street Address		City		State	Zip Code	Date Recei	/ed	1
53 Round Hill Rd		Greenwich		СТ	06831	03/04/2	010	1
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		Yes	
Consultant		Self			If yes, list Event #		☐ No	
Is contributor a principal of a state contractor	or prospective	Yes No		utor a lobbyis	-	Aggregate Cont	ributions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob Yes	No		\$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:	Contrib	ution ID#	Amount of
Slattery	Joanne			Cash Money	x Personal Ch y Order Credit/Debi	0997		Contribution
Residential Street Address	•	City		State	Zip Code	Date Recei	/ed	1
67 Fable Farm Rd		New Canaan		СТ	06840	03/04/2	010	1
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		Yes	
Homemaker		N/A			If yes, list Event #	section 31:	No	
Is contributor a principal of a state contractor	or prospective	Yes No		utor a lobbyis	-	Aggregate Cont	ributions	†
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	obyist? No		\$100.00	\$100.00
government the contract is with:	le or	Executive Legislative	+ -					<u> </u>
Last Name Steed	First Name Paul		MI R	Method of Cash	contribution: X Personal Ch	neck	ution ID#	Amount of Contribution
				Money	y Order Credit/Debi	t Card		1
Residential Street Address		City		State	Zip Code	Date Recei		
173 Farms Rd		Stamford		СТ	06903	03/04/2	D10	1
Principal Occupation		Name of Employer ThreeJars			Is this contribution associate fundraising event listed in S		Yes	
VP Business Development		TilleeJais			If yes, list Event#		No	
Is contributor a principal of a state contractor	or prospective	Yes No		utor a lobbyis		Aggregate Cont	ributions	1
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	obyist? No		\$50.00	\$50.00
government the contract is with: Last Name	First Name	Executive	I MI	I	contribution:			<u> </u>
Bavis	Louise		IVII	Cash	X Personal Ch		ution ID#	Amount of Contribution
		1		Money	y Order Credit/Debi			1
Residential Street Address 74 Alexander St		City		State	Zip Code	Date Recei		
		Greenwich		СТ	06830 Is this contribution associated the contribution associated associated the contribution associated associated associated associated associated associated associate			-
Principal Occupation Retired		Name of Employer Retired			fundraising event listed in S		Yes	
			_		If yes, list Event #		∐ No	1
Is contributor a principal of a state contractor state contractor?	or prospective	Yes No		utor a lobbyis child of a lob		Aggregate Cont		
Is yes, indicate which branch or branches of		Executive Legislative		es	•		\$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Jacobson	First Name Martin		MI D	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0983	ution ID#	Amount of Contribution
Residential Street Address 10 Deer Park Ct		City Greenwich		State CT	Zip Code 06830	Date Receiv 03/04/20		
Principal Occupation Attorney		Name of Employer Simpson Thadues		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Contr	\$100.00	\$100.00
Last Name Ashenfelter	First Name Mark		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0955	ution ID#	Amount of Contribution
Residential Street Address 30 Mill Brook Rd W		City Stamford		State CT	Zip Code 06902	Date Receiv 03/04/20		
Principal Occupation Executive		Name of Employer Haebler Capital			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Ashenfelter	First Name Robbin		MI	Cash	contribution: X Personal Character Credit/Debit	neck 0956	ution ID#	Amount of Contribution
Residential Street Address 30 Mill Brook Rd W		City Stamford		State CT	Zip Code 06902	Date Receiv 03/04/20		
Principal Occupation Personal Trainer		Name of Employer Self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Keigher	First Name Caroline		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0984	ution ID#	Amount of Contribution
Residential Street Address 1 Macpherson Dr		City Greenwich		State CT	Zip Code 06830	Date Receiv 03/04/20		
Principal Occupation Homemaker		Name of Employer N/A		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Contr	ibutions \$100.00	\$100.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Ite	emized Contributi	ons fron	ı Individu	ıals				
Last Name Robben	First Name Robert			MI F	Cash	contribution: X Persona y Order Credit/I	l Check Debit Card	Contribution 0995	n ID#	Amount of Contribution
Residential Street Address 319 Sound Beach Ave		City Old Greer	nwich		State CT	Zip Code 06870		oate Received 3/04/2010		
Principal Occupation Sales		Name of Em			•	Is this contribution asso fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut	ions 00.00	\$100.00
Last Name Ohlemeyer	First Name Brigid			MI M	Cash	contribution: X Persona y Order Credit/I	l Check Debit Card	Contribution 0990	n ID#	Amount of Contribution
Residential Street Address 2 Martin Dl		City Greenwich	h		State CT	Zip Code 06830		ate Received		
Principal Occupation Homemaker		Name of Em	nployer		-	Is this contribution asso fundraising event listed If yes, list Event #		_{J1?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes		Aggre	egate Contribut	ions 00.00	\$100.00
Last Name Cummins	First Name Kathy			MI	Cash	contribution: X Persona Credit/I	l Check Debit Card	Contribution 0973	n ID#	Amount of Contribution
Residential Street Address 39 Nutmeg Dr		City Greenwich	h		State CT	Zip Code 06831		oate Received 03/04/2010		
Principal Occupation Homemaker		Name of Em	pployer		•	Is this contribution asso fundraising event listed If yes, list Event #		J1? '	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob Yes		Aggre	gate Contribut	ions 00.00	\$100.00
Last Name Burke	First Name Nancy			MI B	Cash	contribution: X Persona y Order Credit/I	l Check Debit Card	Contribution 0963	n ID#	Amount of Contribution
Residential Street Address 22 Windrose Way		City Greenwich	h		State CT	Zip Code 06830		Pate Received 03/04/2010		
Principal Occupation Political Consultant		Name of Em	nployer			Is this contribution asso fundraising event listed If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribut	ions 00.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		_	
Last Name Benevenuto	First Name Emil		MI V	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 095	ibution ID#	Amount of Contribution
Residential Street Address 255 Palmer Hill Rd		City Old Greenwich		State CT	Zip Code 06870	Date Rece 03/04/2		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	\$100.00	\$100.00
Last Name O'Hora	First Name James		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 099	ibution ID #	Amount of Contribution
Residential Street Address 382 White Oak Shade Rd		City New Canaan		State CT	Zip Code 06840	Date Rece 03/04/2		
Principal Occupation SVP Alternative Investments		Name of Employer Tullett Prebon			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Bongiorno	First Name Frank		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 096	ibution ID #	Amount of Contribution
Residential Street Address 79 Hardesty Rd		City Stamford		State CT	Zip Code 06903	Date Rece 03/04/2		
Principal Occupation Director of operations		Name of Employer Bongiorno Industries			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	\$100.00	\$100.00
Last Name Bienstock	First Name Anthony		MI R	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 095	ibution ID #	Amount of Contribution
Residential Street Address 18 Indian Chase Dr		City Greenwich		State CT	Zip Code 06830	Date Rece 03/04/2		
Principal Occupation Finance		Name of Employer Offit Capital		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$50.00	\$50.00

			I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME (OF COMMITTEE									FILING	G DUE DATE
Fedele 2	2010									Origin	al 04/12/2010
			B. Ite	emized Contributi	ons from	ı Individu	ıals				
Last Name		First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
birkett		tom				Cash Money	Personal y Order X Credit/D	Check ebit Card	0960		Contribution
Residentia	1 Street Address	l	City		1	State	Zip Code		Date Received		
	nting Ridge Rd		Stamford			CT	06903		3/04/201		
Principal C	Occupation		Name of En	nployer		-	Is this contribution asso	ciated with	а Г	Yes	
Portfolio	Manager		1	im partners llc			fundraising event listed If yes, list Event #	in Section	J1?	No	
state contra		or prospective		Yes No		utor a lobbyis child of a lob	-	Aggre	egate Contribu	itions	\$100.00
	cate which branch or branches of at the contract is with:		Executive	Legislative	Y	es	No		Ψ.	100.00	\$100.00
Last Name		First Name			MI		contribution:	Clarate	Contributi	on ID#	Amount of
Boutelle		James			G	Cash Money	= =	ebit Card	0962		Contribution
Residentia	1 Street Address		City			State	Zip Code	Г	Date Received		
78 Cos (Cob Ave		Cos Cob			СТ	06807-2122	C	3/04/201	0	
Principal C	-		Name of En		•		Is this contribution asso fundraising event listed			Yes	
Executiv	ve Director		Greenwi	tation Association O ch	Т		If yes, list Event #			No	
Is contribu	tor a principal of a state contractor	or prospective		Yes No		utor a lobbyis	-	Aggre	egate Contribu	itions	
Is yes, indi	cate which branch or branches of		Executive	Legislative		child of a lob Yes	No No		\$3	100.00	\$100.00
Last Name		First Name			MI	Method of	contribution:		Contributi	on ID #	Amount of
Cabrera		Marie	_			Cash Money	Personal y Order X Credit/D	Check ebit Card	0964		Contribution
Residentia	1 Street Address		City			State	Zip Code		Date Received		
2 River	Ter # 18D		New York			NY	10282	C	03/04/201	0	
Principal C	Occupation		Name of En	nployer			Is this contribution asso fundraising event listed			Yes	
Sales			IBM				If yes, list Event #		L	No	
	tor a principal of a state contractor	or prospective	•	Yes No		utor a lobbyis		Aggre	egate Contribu	itions	
	cate which branch or branches of	П	Executive	Legislative	1 -	child of a lob Yes	obyist? No		\$:	100.00	\$100.00
Last Name	at the contract is with:	First Name	LACCULIVE	Legislative	I MI	I	contribution:		1	"	
Chiapett		Charles			MII	Cash	X Personal	Check	Contribution 0966	on ID #	Amount of Contribution
						Money	y Order Credit/D	ebit Card	0300		
	1 Street Address		City			State CT	Zip Code 06807		Date Received		
62 Valle	•		Cos Cob			CI	Is this contribution asso			,	
Principal C Retired	Occupation		Name of En Retired	nployer			fundraising event listed		J1?	Yes	
							If yes, list Event #		L	No	
Is contribu	tor a principal of a state contractor	or prospective		Yes No		utor a lobbyis child of a lob	-	Aggre	egate Contribu	utions	
Is yes, indi	cate which branch or branches of at the contract is with:		Executive	Legislative	The second of th		-		9	\$25.00	\$25.00
					•						

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribution	ons from	Individ	uals				
Last Name Chiapetta	First Name Julia			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0967	on ID#	Amount of Contribution
Residential Street Address PO Box 132		City Cos Cob			State CT	Zip Code 06807		ate Received		
Principal Occupation Author		Name of E Self	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob es	-	Aggre	gate Contribu	ations \$25.00	\$25.00
Last Name Chimblo	First Name Frank			MI	Cash	contribution: X Personal of the property of t		Contribution 0968	on ID#	Amount of Contribution
Residential Street Address 13-2 Harold St		City Cos Cob			State CT	Zip Code 06804		ate Received		
Principal Occupation Real Estate Manager		Name of E Self	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob es	-	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Chirunomula	First Name Rammurt	ny		MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0969	on ID#	Amount of Contribution
Residential Street Address 51 Wick End Ln		City Wilton			State CT	Zip Code 06897		ate Received		
Principal Occupation Physician		Name of E Aasc	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob es	-	Aggre	egate Contribu	stions \$50.00	\$50.00
Last Name Coyle	First Name Kerrin			MI	Cash	contribution: X Personal of the property of t		Contribution	on ID#	Amount of Contribution
Residential Street Address 24 Sinaway Rd		City Greenwic	ch		State CT	Zip Code 06807		ate Received		
Principal Occupation Travel Consultant		Name of E Valerie	mployer Wilson Travel			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob		Aggre	gate Contribu	ations \$30.00	\$30.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Cremin	First Name Linda		MI C	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0971	tion ID#	Amount of Contribution
Residential Street Address 37 Ethan Allen Ln		City Stamford		State CT	Zip Code 06906	Date Receive 03/04/20		
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in the street If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Contri	butions \$100.00	\$100.00
Last Name Cremin	First Name Robert		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0972	tion ID#	Amount of Contribution
Residential Street Address 37 Ethan Allen Ln		City Stamford		State CT	Zip Code 06903	Date Receive		
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Contri	butions \$100.00	\$100.00
Last Name Danielsen	First Name Anne		MI D	Cash	contribution: X Personal Character Credit/Debit	neck 0974	ition ID#	Amount of Contribution
Residential Street Address 4 Maher Ct		City Greenwich		State CT	Zip Code 06830	Date Receive 03/04/20		
Principal Occupation Retail Director		Name of Employer Vineyard Vines			Is this contribution associate fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Contri	butions \$50.00	\$50.00
Last Name DeFlorio	First Name Katie		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0975	tion ID#	Amount of Contribution
Residential Street Address 33 Oaklawn Ave		City Stamford		State CT	Zip Code 06905	Date Receive 03/04/20		
Principal Occupation Art Director		Name of Employer William August			Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Contri	butions \$30.00	\$30.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Di Monda	Elisa				Cash Money	y Order X Personal Credit/De		0976		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
2 Mavis Ln		Greenwic	h		СТ	06830-3034	0	3/04/2010)	
Principal Occupation Broker		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
DiPietro	Salvatore				Cash Money	y Order Resonal Credit/De		0977		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
32 Hartford Ave		Greenwic	h		СТ	06830	0	3/04/2010)	
Principal Occupation Retired		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Ferman	Richard				Cash Money	y Order X Credit/De		0978		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
66 Madison Ave # 12A		New York			NY	10016	0	3/04/2010)	
Principal Occupation Prime Broker		Name of En				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu	itions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Fountain	Gideon				Cash Money	y Order X Credit/De		0979		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
113 Patterson Ave		Greenwic	h		СТ	06830	0	3/04/2010)	
Principal Occupation Real Estate Sales		Name of En				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Eve C	Yes No		outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	itions	\$100.00
government the contract is with:	ᆜ	Executive	Legislative	Т п,	i es	INO				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Gibbons	First Name Melissa		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0980	ution ID#	Amount of Contribution
Residential Street Address 7 Keansmage Ln		City Greenwich		State CT	Zip Code 06830	Date Receiv 03/04/20		
Principal Occupation Homemaker		Name of Employer			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Conti	ributions \$100.00	\$100.00
Last Name Hall	First Name Donald		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0981	ution ID #	Amount of Contribution
Residential Street Address 68 Highview Ave		City Stamford		State CT	Zip Code 06907	Date Receiv 03/04/20		
Principal Occupation Manager		Name of Employer Peter Waston Market			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	ributions \$100.00	\$100.00
Last Name Halpert	First Name Jack		MI	Cash	contribution: X Personal Character Credit/Debit	neck 0982	ution ID#	Amount of Contribution
Residential Street Address 77 Cricket Ln		City Stamford		State CT	Zip Code 06903-2503	Date Receiv		
Principal Occupation Retired		Name of Employer None			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Conti	sibutions \$30.00	\$30.00
Last Name Novakowski	First Name Richard		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0989	ution ID#	Amount of Contribution
Residential Street Address 12 Tremont St		City Greenwich		State CT	Zip Code 06807	Date Receiv 03/04/20		
Principal Occupation Driver		Name of Employer Jem Limosine		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Contr	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Olds	First Name Kim		MI M	Method of Cash	contribution:	neck	ution ID#	Amount of Contribution
		1			y Order Credit/Debi	t Card 0992		
Residential Street Address 17 Stone Fence Ln		City Stamford		State CT	Zip Code 06903-1136	Date Receiv		
Principal Occupation Legal Assistant		Name of Employer James M. Rubino		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Conti	ributions \$100.00	\$100.00
Last Name Pennella	First Name Karen		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0993	ution ID #	Amount of Contribution
Residential Street Address 107 Dixon Rd		City Carmel		State NY	Zip Code 10512	Date Receiv 03/04/20		
Principal Occupation Contractor		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Conti	ributions \$100.00	\$100.00
Last Name Redniss	First Name Raymond		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0994	ution ID#	Amount of Contribution
Residential Street Address 78 Old North Stamford Rd		City Stamford		State CT	Zip Code 06905	Date Receiv		
Principal Occupation Land Surveyor		Name of Employer Redniss & Mead		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Conti	ributions \$100.00	\$100.00
Last Name Romano	First Name Joseph		MI L	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0996	ution ID#	Amount of Contribution
Residential Street Address 7 Linwood Ave		City Riverside		State CT	Zip Code 06878-1929	Date Receiv		
Principal Occupation Mortgage Broker		Name of Employer Stamford Mortgage		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Smyth	First Name Paul		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0998	oution ID#	Amount of Contribution
Residential Street Address 1156 Hope St Apt 1		City Stamford		State CT	Zip Code 06907	Date Recei		
Principal Occupation Insurance Agent		Name of Employer Northwestern Mutual		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$100.00	\$100.00
Last Name Staples	First Name Mary		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0999	oution ID#	Amount of Contribution
Residential Street Address 4 Tods Drift Way		City Old Greenwich		State CT	Zip Code 06870	Date Recei		
Principal Occupation Retired		Name of Employer N/A			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Webber	First Name David		MI W	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1006	oution ID #	Amount of Contribution
Residential Street Address 4 Tods Drift Way		City Old Greenwich		State CT	Zip Code 06870	Date Recei		
Principal Occupation Executive		Name of Employer JM Systems, Inc			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$100.00	\$100.00
Last Name Telerico	First Name Samuel		MI T	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1001	oution ID#	Amount of Contribution
Residential Street Address 24 Meadow Rd		City Riverside		State CT	Zip Code 06878-2328	Date Recei		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Iten	nized Contributio	ons from	Individu	ıals				
Last Name Tesei	First Name Peter			MI Ј	Cash	contribution: X Personal O Order Credit/De		Contribution	n ID#	Amount of Contribution
Residential Street Address 78 River Rd Apt 13		City Cos Cob			State CT	Zip Code 06807-2538	Da	nte Received 3/04/2010	ı	
Principal Occupation First Selectman		Name of Empl	-			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative		child of a lob	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Trevisani	First Name Dino			MI	Cash	contribution: Personal (Contribution	n ID#	Amount of Contribution
Residential Street Address 79 Tackora Trl		City Ridgefield			State CT	Zip Code 06877		nte Received 3/04/2010	1	
Principal Occupation MD		Name of Empl	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes No Legislative		utor a lobbyist child of a lob es		Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Tucci	First Name Nicoletta			MI S	Cash	contribution: X Personal C		Contribution	n ID#	Amount of Contribution
Residential Street Address 100 Den Rd		City Stamford			State CT	Zip Code 06902		nte Received 3/04/2010	١	
Principal Occupation Jewelry Designer		Name of Empl	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		1? 브	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes No Legislative	dependent	child of a lob	byist?	Aggreg	gate Contribut \$	tions 20.00	\$20.00
Last Name von Keyserling	First Name Christoph	er		MI	Cash	contribution: X Personal C Order Credit/De		Contribution	n ID#	Amount of Contribution
Residential Street Address PO Box 35		City Cos Cob			State CT	Zip Code 06807		ate Received 3/04/2010	١	
Principal Occupation Investor		Name of Empl	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative		utor a lobbyist	byist?	Aggreg	gate Contribut \$	tions 25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Miller	First Name Reed		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1007	ution ID#	Amount of Contribution
Residential Street Address 20 Maher Ave		City Greenwich		State CT	Zip Code 06830	Date Receiv 03/04/20		
Principal Occupation Investor		Name of Employer Hanover Real Estate Partners	s		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Molgano	First Name Michael		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0988	ution ID#	Amount of Contribution
Residential Street Address 10 Hazelwood Ln		City Stamford		State CT	Zip Code 06905	Date Receiv 03/04/20		
Principal Occupation IT Professional		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	\$50.00	\$50.00
Last Name Casolo	First Name William		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1008	ution ID#	Amount of Contribution
Residential Street Address 91 River View Dr		City Stamford		State CT	Zip Code 06902	Date Receiv 03/05/20		
Principal Occupation Teacher		Name of Employer Stamford Public Schools			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Pavia	First Name Stephen		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1009	ution ID#	Amount of Contribution
Residential Street Address 216 West Ln		City Stamford		State CT	Zip Code 06905	Date Receiv 03/06/20		
Principal Occupation Banker		Name of Employer Wells Fargo		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	sibutions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Fedele 2010							Origin	al 04/12/2010	
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Philippopoulos	First Name Evan		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1010	oution ID#	Amount of Contribution	
Residential Street Address 1355 Long Ridge Rd		City Stamford		State CT	Zip Code 06902	Date Recei			
Principal Occupation Owner		Name of Employer Summer Street Deli		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Con	ributions \$100.00	\$100.00	
Last Name Philippopoulos	First Name Yanna		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1011	oution ID #	Amount of Contribution	
Residential Street Address 1355 Long Ridge Rd		City Stamford		State CT	Zip Code 06902	Date Recei			
Principal Occupation Housewife		Name of Employer housewife			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	ributions \$100.00	\$100.00	
Last Name Bartlett	First Name James		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1012	oution ID#	Amount of Contribution	
Residential Street Address 22431-B160 Antonio Parkway, Su	ite 503	City Rancho Santa Margarita		State CA	Zip Code 92688	Date Recei			
Principal Occupation Sales		Name of Employer Copia Technologies, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Con	ributions \$100.00	\$100.00	
Last Name D'Agostino	First Name Diana		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1013	oution ID#	Amount of Contribution	
Residential Street Address PO Box 756		City Bethel		State CT	Zip Code 06801	Date Recei			
Principal Occupation Business Administration		Name of Employer Genworth Financial		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Con	ributions \$100.00	\$100.00	

		I. N	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Mayer	George			W	Cash Money	y Order X Personal C		1014		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
14 Booten Cir		Stamford	I		CT	06907		3/08/2010)	
Principal Occupation		Name of Er	nployer		-	Is this contribution associ	ated with	a	Yes	
Police Officer		Retired				fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	l	Yes No		utor a lobbyis		Aggre	egate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob Yes	*		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Munger	Christine				Cash Money	Personal C y Order X Credit/De		1015		Contribution
Residential Street Address		City		1	State	Zip Code	D	ate Received		
320 Second Ave		Stratford			СТ	06615	0	3/08/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Homemaker		Self				fundraising event listed in If yes, list Event #	Section .		No	
Is contributor a principal of a state contractor of	or prospective		Yes No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	No		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Pisacane	Frank Sr 8	& Marie			Cash Money	Personal C y Order X Credit/De		1016		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
16 N Meadowridge Dr		Shelton			СТ	06484	0	3/08/2010)	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
Information Technology Analyst		retired				If yes, list Event #	i Section .		No	
Is contributor a principal of a state contractor of	or prospective		Yes No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	No		\$1	00.00	\$50.00
government the contract is with: Last Name	First Name			MI	I	contribution:	<u> </u>	Contributio	ID #	
Pisacane	Frank Sr 8	& Marie		1411	Cash	y Order X Credit/De		1017	m ID#	Amount of Contribution
Residential Street Address		City		1	State	Zip Code	D	ate Received		
16 N Meadowridge Dr		Shelton			СТ	06484	0	3/08/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Information Technology Analyst		retired				fundraising event listed in If yes, list Event #	section .		No	
Is contributor a principal of a state contractor of	or prospective	•	Yes No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob Yes	-		\$1	00.00	\$50.00
government the contract is with:		LACCUUVE	Legisiative		. 00	110	1			L

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Fedele 2010							Origin	al 04/12/2010	
		B. Itemized Contribut	ions from	Individu	ıals				
Last Name Winthrop	First Name Hope		MI B	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1018	bution ID#	Amount of Contribution	
Residential Street Address 1115 Fifth Ave Apt 8-A		City New York		State NY	Zip Code 10128-0100	Date Recei 03/08/2			
Principal Occupation Self		Name of Employer Self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$100.00	\$100.00	
Last Name Devries	First Name Jane		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1019	bution ID#	Amount of Contribution	
Residential Street Address 24 Holly Ct		City Cromwell		State CT	Zip Code 06416	Date Recei 03/09/2			
Principal Occupation RVP		Name of Employer Apple Rehab			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00	
Last Name Dinda	First Name Phyllis		MI	Cash	contribution: X Personal Character Credit/Debit	neck 1020	bution ID #	Amount of Contribution	
Residential Street Address 110 Albrecht Rd		City Torrington		State CT	Zip Code 06790	Date Recei 03/09/2			
Principal Occupation Bookkeeper		Name of Employer Rose Haven			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	\$25.00	\$25.00	
Last Name Gormley	First Name Thomas		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1022	bution ID#	Amount of Contribution	
Residential Street Address 179 Acme Dr .		City Middlebury		State CT	Zip Code 06762-0392	Date Recei 03/09/2			
Principal Occupation First Selectman		Name of Employer Town of Middlebury		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Fedele 2010							Origin	nal 04/12/2010	
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name Gyuricsko	First Name Mary Jo		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 102	tribution ID#	Amount of Contribution	
Residential Street Address 87 Heights Dr		City Torrington		State CT	Zip Code 06970	Date Rec 03/09/			
Principal Occupation Administrator		Name of Employer Apple Rehab		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	ontributions \$100.00	\$100.00	
Last Name Hamley	First Name Gregory		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 102	tribution ID #	Amount of Contribution	
Residential Street Address 15 Northwoods Rd		City North Granby		State CT	Zip Code 06060	Date Rec 03/09/			
Principal Occupation Nursing Home Admin		Name of Employer Wolcott Hall Nursing Center			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00	
Last Name Hewitt	First Name Francis		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 102	tribution ID #	Amount of Contribution	
Residential Street Address 1 First St		City Rockville		State CT	Zip Code 06066	Date Rec 03/09/			
Principal Occupation Car Dealer		Name of Employer Clean County Cars			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$10.00	\$10.00	
Last Name Pellerin	First Name Amy		MI D	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 102	tribution ID#	Amount of Contribution	
Residential Street Address 605 N Main St		City Winchester		State CT	Zip Code 06042	Date Rec 03/09/			
Principal Occupation Administrator		Name of Employer Apple Rehab			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Fedele 2010							Origin	nal 04/12/2010	
		B. Itemized Contribut	ions fron	ı Individu	ıals		•		
Last Name Zeigenfuse	First Name Wesley		MI	Cash	contribution: X Personal Cl y Order	heck 10	ntribution ID #	Amount of Contribution	
Residential Street Address 19 Old Line Ln		City Canton		State CT	Zip Code 06019	Date Re	eceived 1/2010		
Principal Occupation IT Director		Name of Employer Apple Rehab		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate C	Contributions \$25.00	\$25.00	
Last Name Fiore	First Name Frank		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 10	ntribution ID#	Amount of Contribution	
Residential Street Address 160 Sunset Ave		City Meriden		State CT	Zip Code 06450	Date Re	eceived 1/2010		
Principal Occupation Administrator		Name of Employer Apple Rehab Middletown			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate C	Contributions \$200.00	\$100.00	
Last Name Devine	First Name Alix		MI M	Cash	contribution: X Personal Cl	heck 10	ntribution ID #	Amount of Contribution	
Residential Street Address 200 E 62nd St # 27A		City New York		State NY	Zip Code 10065	Date Re			
Principal Occupation Housewife		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate C	Contributions \$100.00	\$100.00	
Last Name Devine	First Name Thomas		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 10	ntribution ID#	Amount of Contribution	
Residential Street Address 200 E 62nd St # 27A		City New York		State NY	Zip Code 10065	Date Re 03/11	eceived /2010		
Principal Occupation Consultant		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate C	Contributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Fedele 2010							Origin	al 04/12/2010	
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Falanga	First Name Barbara		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 103	tribution ID #	Amount of Contribution	
Residential Street Address 129 Betty Rd		City East Meadow		State NY	Zip Code 11554	Date Rec 03/11/			
Principal Occupation Psychotherapist		Name of Employer Self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Co	\$100.00	\$100.00	
Last Name Holton Arnau	First Name Katie		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 103	tribution ID#	Amount of Contribution	
Residential Street Address 95 Elaine Dr		City Stamford		State CT	Zip Code 06902	Date Rec 03/11/			
Principal Occupation Director		Name of Employer Thomson Quarters			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Co	ontributions \$50.00	\$50.00	
Last Name Littlejohn	First Name Angus		MI C	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 103	tribution ID #	Amount of Contribution	
Residential Street Address 648 Smith Ridge Rd		City New Canaan		State CT	Zip Code 06840	Date Rec 03/11/			
Principal Occupation Private Equity		Name of Employer Littlejohn and Co			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Co	\$100.00	\$100.00	
Last Name Littlejohn	First Name Leslie		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 103	tribution ID#	Amount of Contribution	
Residential Street Address 648 Smith Ridge Rd		City New Canaan		State CT	Zip Code 06840	Date Rec 03/11/			
Principal Occupation		Name of Employer Self		·-	Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Fedele 2010							Origin	nal 04/12/2010	
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Patterson	First Name Elena		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 103	tribution ID#	Amount of Contribution	
Residential Street Address 1 E End Ave # 4C		City New York		State NY	Zip Code 10075	Date Rec 03/11/			
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00	
Last Name Patterson	First Name Michael		MI E	Cash	contribution: X Personal Characteristics (Credit/Debi	neck 103	tribution ID#	Amount of Contribution	
Residential Street Address 1 E End Ave # 4C		City New York		State NY	Zip Code 10075	Date Rec 03/11/			
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	ontributions \$100.00	\$100.00	
Last Name Shelton	First Name Charles		MI F	Cash	contribution: X Personal Character Credit/Debit	neck 103	tribution ID#	Amount of Contribution	
Residential Street Address 29 Blackstone Ave		City Branford		State CT	Zip Code 06405	Date Rec 03/11/			
Principal Occupation Nursing Home Administrator		Name of Employer Branford Hills Health Care			Is this contribution associate fundraising event listed in the second of the second second in the second sec		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00	
Last Name Storino	First Name Frank		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 103	tribution ID#	Amount of Contribution	
Residential Street Address 652 Glenbrook Rd # 13		City Stamford		State CT	Zip Code 06906	Date Rec			
Principal Occupation Auto repair		Name of Employer Finesse Auto Body			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Fedele 2010							Origin	al 04/12/2010	
		B. Itemized Contributi	ons from	Individu	ıals				
Last Name Bocuzzi	First Name Lynne		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 103	ribution ID#	Amount of Contribution	
Residential Street Address 14 Skyview Ln		City New Canaan		State CT	Zip Code 06840	Date Rec 03/11/			
Principal Occupation Sales		Name of Employer Queste Media		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00	
Last Name Boccuzzi	First Name Ralph		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 104	ribution ID #	Amount of Contribution	
Residential Street Address 14 Skyview Ln		City New Canaan		State CT	Zip Code 06840	Date Rec 03/11/			
Principal Occupation Sales		Name of Employer Metro Business Systems		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00	
Last Name Casinelli	First Name Nicola		MI	Cash	contribution: X Personal Character Credit/Debit	neck 104	ribution ID#	Amount of Contribution	
Residential Street Address 257 Bouton St W		City Stamford		State CT	Zip Code 06907	Date Rec 03/11/			
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00	
Last Name Grant	First Name Donald		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 104	ribution ID#	Amount of Contribution	
Residential Street Address 68 Yongs Rd		City New Vernon		State NJ	Zip Code 07976	Date Rec 03/11/			
Principal Occupation Retired		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Fedele 2010							Origin	al 04/12/2010	
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Jennings	First Name John		MI P	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1043	ibution ID#	Amount of Contribution	
Residential Street Address 157 Horseshoe Rd		City Mill Neck		State NY	Zip Code 11765	Date Rece 03/11/2			
Principal Occupation Retired		Name of Employer		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00	
Last Name Jennings	First Name Cornelia		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1044	ibution ID#	Amount of Contribution	
Residential Street Address 157 Horseshoe Rd		City Mill Neck		State NY	Zip Code 11765	Date Rece 03/11/2			
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00	
Last Name Nanos	First Name Debbie		MI	Cash	contribution: X Personal Character Credit/Debit	neck 1034	ibution ID #	Amount of Contribution	
Residential Street Address 19 Warwick Ln		City Stamford		State CT	Zip Code 06902-8319	Date Rece 03/11/2			
Principal Occupation Real Estate		Name of Employer Self		•	Is this contribution associate fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00	
Last Name Coburn	First Name Alyson		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 104!	ibution ID#	Amount of Contribution	
Residential Street Address 6780 Calle Starnetta		City San Luis Obispo		State CA	Zip Code 93401-9206	Date Rece 03/12/2			
Principal Occupation Homemaker		Name of Employer None			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Fedele 2010							Origin	al 04/12/2010	
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Coburn	First Name Jenna		MI	Cash	contribution: Personal Cl y Order Credit/Debi	neck 1046	bution ID #	Amount of Contribution	
Residential Street Address 6780 Calle Starnetta		City San Luis Obisbo		State CA	Zip Code 93401	Date Rece 03/12/2			
Principal Occupation Student		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00	
Last Name Coburn	First Name Robert		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1048	bution ID#	Amount of Contribution	
Residential Street Address 6780 Calle Starnetta		City San Luis Obisbo		State CA	Zip Code 93401	Date Rece 03/12/2			
Principal Occupation VP Sales		Name of Employer The Pinnacle Group		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00	
Last Name Coburn	First Name Lacie		MI	Cash	contribution: Personal Cl y Order Credit/Debi	neck 1047	bution ID #	Amount of Contribution	
Residential Street Address 6780 Calle Starnetta		City San Luis Obispo		State CA	Zip Code 93401	Date Rece 03/12/2			
Principal Occupation Student		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00	
Last Name Curran	First Name Heidi		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1049	bution ID #	Amount of Contribution	
Residential Street Address 75 Tyler Lake Hts		City Goshen		State CT	Zip Code 06756	Date Rece 03/12/2			
Principal Occupation Rec Dir		Name of Employer Rose Haven		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Con	tributions \$10.00	\$10.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Fedele 2010							Origin	al 04/12/2010	
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Heide	First Name Tom		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1050	oution ID#	Amount of Contribution	
Residential Street Address 115 Carriage Dr		City Stamford		State CT	Zip Code 06902	Date Recei 03/12/2			
Principal Occupation Executive		Name of Employer Heide & Company, LLC			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Conf	ributions \$100.00	\$100.00	
Last Name Hoffman	First Name Judy		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1051	oution ID#	Amount of Contribution	
Residential Street Address 19 Mid River Run		City Stamford		State CT	Zip Code 06905	Date Recei 03/12/2			
Principal Occupation Homemaker		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00	
Last Name O'Connor	First Name Chris		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1052	oution ID#	Amount of Contribution	
Residential Street Address 55 Valley Rd		City New Canaan		State CT	Zip Code 06840	Date Recei 03/12/2			
Principal Occupation Banker		Name of Employer JP Morgan			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Conf	sibutions \$100.00	\$100.00	
Last Name Koppelman	First Name Richard		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1054	oution ID #	Amount of Contribution	
Residential Street Address 342 W Putnam Ave		City Greenwich		State CT	Zip Code 06830	Date Recei 03/12/2			
Principal Occupation President		Name of Employer Miller Motor Cars		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Fedele 2010							Origin	al 04/12/2010	
		B. Itemized Contributi	ons fron	ı Individu	ıals		•		
Last Name Reimers	First Name Pamela		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1053	oution ID#	Amount of Contribution	
Residential Street Address 17 Stanwich Rd		City Greenwich		State CT	Zip Code 06830	Date Recei			
Principal Occupation Homemaker		Name of Employer Self			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00	
Last Name Leslie	First Name Ann		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1058	oution ID#	Amount of Contribution	
Residential Street Address 5 Taylor Ln		City Wallingford		State CT	Zip Code 06492	Date Recei			
Principal Occupation Attorney		Name of Employer Farrell, Leslie & Gochowski		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00	
Last Name Lester	First Name jeanne		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1059	oution ID#	Amount of Contribution	
Residential Street Address 277 Long Ridge Rd		City Stamford		State CT	Zip Code 06902	Date Recei 03/13/2			
Principal Occupation Teacher		Name of Employer State of CT			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00	
Last Name mogilski	First Name tamar		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1060	oution ID#	Amount of Contribution	
Residential Street Address 10 Mallory Ln		City Penfield		State NY	Zip Code 14526	Date Recei 03/13/2			
Principal Occupation financial planner		Name of Employer legacy financial planning			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Romano	First Name Kevin		MI	Cash	contribution: Personal Cr y Order X Credit/Debi	1061	tion ID#	Amount of Contribution
Residential Street Address 290 Southfield Ave		City Stamford		State CT	Zip Code 06902	Date Receive 03/13/202		
Principal Occupation Manager		Name of Employer Darien Ice Rink			Is this contribution associate fundraising event listed in St. If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	outions \$100.00	\$100.00
Last Name Campisi	First Name Natalie		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	I 1055	tion ID#	Amount of Contribution
Residential Street Address 54 N Elm St		City Wallingford		State CT	Zip Code 06492	Date Receive 03/13/20:		
Principal Occupation Accountant		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contri	outions \$100.00	\$100.00
Last Name Farrell Jr.	First Name Gerald E.		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	1056	tion ID#	Amount of Contribution
Residential Street Address 54 N Elm St		City Wallingford		State CT	Zip Code 06492	Date Receive 03/13/202		
Principal Occupation Attorney		Name of Employer State of CT		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contril	outions \$100.00	\$100.00
Last Name Gulliver	First Name William		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	1057	tion ID#	Amount of Contribution
Residential Street Address 93 Blue Rock Dr		City Stamford		State CT	Zip Code 06903	Date Receive 03/13/20:		
Principal Occupation Actuary		Name of Employer Towers Perrin		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	outions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name petzel	First Name todd		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1062	bution ID #	Amount of Contribution
Residential Street Address 18 Mallard Point Rd		City Essex		State CT	Zip Code 06426	Date Rece 03/14/2		
Principal Occupation CIO		Name of Employer Offit Capital Advisors			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Pimentel	First Name Paul		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1063	bution ID#	Amount of Contribution
Residential Street Address 125 Gilman St		City Bridgeport		State CT	Zip Code 06605	Date Rece 03/14/2		
Principal Occupation Chief of Staff, Senate Republicans Name of Employer CT General Assembly					Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Gabriele	First Name Sandra		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1064	bution ID #	Amount of Contribution
Residential Street Address 5 E 22nd St		City New York		State NY	Zip Code 10010	Date Rece 03/15/2		
Principal Occupation VP of Marketing		Name of Employer Boots Retail USA		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Krimendahl	First Name Fred		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1065	bution ID#	Amount of Contribution
Residential Street Address 820 Fifth Ave Apt 6		City New York		State NY	Zip Code 10065	Date Rece 03/15/2		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Con	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Masone	First Name Thomas		MI	Cash	contribution: X Personal Cl	neck 1066	oution ID#	Amount of Contribution
Residential Street Address 28 Sunset Hill Rd		City Wilton		State CT	Zip Code 06897-4925	Date Recei 03/15/2		
Principal Occupation Retired		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Trenske	First Name Constance	e	MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1067	oution ID#	Amount of Contribution
Residential Street Address 50 Birdseye St Unit 105A		City Stratford		State CT	Zip Code 06615	Date Recei 03/15/2		
Principal Occupation RN/DNS		Name of Employer Apple Health Care			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$25.00	\$25.00
Last Name Barksdale, Jr.	First Name Edgar		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1068	oution ID#	Amount of Contribution
Residential Street Address 27 Tokeneke Trl		City Darien		State CT	Zip Code 06820	Date Recei 03/15/2		
Principal Occupation Investment Advisor		Name of Employer Federal Street Pertners			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Barksdale	First Name Joan		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1069	oution ID#	Amount of Contribution
Residential Street Address 27 Tokeneke Trl		City Darien		State CT	Zip Code 06820	Date Recei 03/15/2		
Principal Occupation Housewife		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•	
Last Name Overlock, Jr.	First Name W.J.		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 107	ribution ID#	Amount of Contribution
Residential Street Address 32 Pecksland Rd		City Greenwich		State CT	Zip Code 06831	Date Rec 03/15/		
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	s100.00	\$100.00
Last Name Overlock	First Name Katharine		MI S	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 107	ribution ID #	Amount of Contribution
Residential Street Address 32 Pecksland Rd		City Greenwich		State CT	Zip Code 06831	Date Rec 03/15/		
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	stributions \$100.00	\$100.00
Last Name Walker	First Name Rose		MI	Cash	contribution: X Personal Character Credit/Debit	neck 107	ribution ID#	Amount of Contribution
Residential Street Address 98 Winfield Ln		City New Canaan		State CT	Zip Code 06840	Date Rec 03/15/		
Principal Occupation Homemaker		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Dolan	First Name Jeffrey		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 107	ribution ID#	Amount of Contribution
Residential Street Address 457 Webbs Hills Rd		City Stamford		State CT	Zip Code 06903	Date Rec 03/16/		
Principal Occupation Estate Coordinator		Name of Employer PG Sachs Family		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals		•	
Last Name Dolan	First Name Mary		MI	Method of Cash	contribution:	Contribu	tion ID#	Amount of Contribution
Boldin	l lai y				y Order Credit/Debi	1074		Contribution
Residential Street Address 457 Webbs Hill Rd		City Stamford		State CT	Zip Code 06903	Date Receive 03/16/20		
Principal Occupation Residency Coordinator		Name of Employer Stamford Hospital		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggregate Contri	butions \$100.00	\$100.00
Last Name Sacerdote	First Name Peter		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	1075	tion ID#	Amount of Contribution
Residential Street Address 10 45th Ave		City New York		State NY	Zip Code 10028	Date Receive 03/16/20		
Principal Occupation Self Employed		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggregate Contri	butions \$100.00	\$100.00
Last Name Carella	First Name Anthony		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	1076	tion ID#	Amount of Contribution
Residential Street Address 6 High Point Dr		City Medford		State NJ	Zip Code 08055	Date Receive 03/17/20		
Principal Occupation Sales		Name of Employer TC Computer service			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggregate Contri	butions \$100.00	\$100.00
Last Name Ponterotto	First Name John		MI P	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 1077	tion ID#	Amount of Contribution
Residential Street Address 155 Brookwood Ln		City New Canaan		State CT	Zip Code 06840-3104	Date Receive 03/17/20		
Principal Occupation Banker		Name of Employer Jefferies & Co.		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggregate Contri	butions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name ROSA	First Name BRUCE		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1078	ution ID #	Amount of Contribution
Residential Street Address 21 Briarwood Ln		City Stamford		State CT	Zip Code 06903	Date Receiv 03/17/20		
Principal Occupation POLICE		Name of Employer RETIRED		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	\$100.00	\$100.00
Last Name Curtiss	First Name Jodi		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1079	ution ID#	Amount of Contribution
Residential Street Address 790 N River Rd		City Coventry		State CT	Zip Code 06238	Date Receiv		
Principal Occupation homemaker		Name of Employer none			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Desrosiers	First Name George		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1080	ution ID#	Amount of Contribution
Residential Street Address 27 Valley Rd		City North Haven		State CT	Zip Code 06473	Date Receiv 03/18/20		
Principal Occupation Tile Installer		Name of Employer J Cohn & Son			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Contr	\$50.00	\$50.00
Last Name Desrosiers	First Name Lori		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1081	ution ID#	Amount of Contribution
Residential Street Address 27 Valley Rd		City North Haven		State CT	Zip Code 06473	Date Receiv		
Principal Occupation Sales		Name of Employer Chef's Equipment		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals		_	
Last Name Gentile	First Name Elvira		MI T	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1082	ution ID#	Amount of Contribution
Residential Street Address 159 Manomet Ave		City North Haven		State CT	Zip Code 06473	Date Receiv 03/18/20		
Principal Occupation Ph. Coordinator		Name of Employer Covidien		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Gentile	First Name Michael		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1083	ution ID#	Amount of Contribution
Residential Street Address 1549 Tuttle Ave		City Wallingford		State CT	Zip Code 06492	Date Receiv 03/18/20		
Principal Occupation Carpenter		Name of Employer Dr Martins Furniture		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Seeba	First Name Maureen		MI	Cash	contribution: X Personal Character Credit/Debi	neck 1084	ution ID#	Amount of Contribution
Residential Street Address 291 Grieb Rd		City Wallingford		State CT	Zip Code 06492	Date Receiv 03/18/20		
Principal Occupation Secretary		Name of Employer God Church			Is this contribution associate fundraising event listed in St. If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Contr	\$5.00	\$5.00
Last Name Garber	First Name Ross		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1091	ution ID#	Amount of Contribution
Residential Street Address 38 Red Hill Dr .		City Glastonbury		State CT	Zip Code 06033	Date Receiv 03/19/20		
Principal Occupation Lawyer		Name of Employer Shipman & Goodwin LLP			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Andros	First Name Carl		MI W	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 108	tribution ID #	Amount of Contribution
Residential Street Address 12 Scarsdale Rd		City West Hartford		State CT	Zip Code 06107	Date Red 03/19/		
Principal Occupation Attorney		Name of Employer Andros, Floyd and Miller			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	ontributions \$100.00	\$100.00
Last Name Dennis	First Name Helen		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 108	tribution ID #	Amount of Contribution
Residential Street Address 1 E Ridge Rd		City Stamford		State CT	Zip Code 06903-4337	Date Rec 03/19/		
Principal Occupation Realtor		Name of Employer Self		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name Dunning, Jr.	First Name James		MI D	Cash	contribution: X Personal Character Credit/Debit	neck 108	tribution ID #	Amount of Contribution
Residential Street Address 187 Benedict Hill Rd		City New Canaan		State CT	Zip Code 06840	Date Rec 03/19/		
Principal Occupation Executive		Name of Employer Self		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	ontributions \$100.00	\$100.00
Last Name Dunning	First Name Susan		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 108	tribution ID#	Amount of Contribution
Residential Street Address 187 Benedict Hill Rd		City New Canaan		State CT	Zip Code 06840	Date Rec 03/19/		
Principal Occupation Executive		Name of Employer Self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Floyd	First Name Timothy		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1089	oution ID#	Amount of Contribution
Residential Street Address 19 Westway		City Wethersfield		State CT	Zip Code 06109-2027	Date Recei		
Principal Occupation Attorney		Name of Employer Andros Floyd & Miller		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$100.00	\$100.00
Last Name Foley	First Name Barbara		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1090	oution ID#	Amount of Contribution
Residential Street Address 125 Stoner Rd		City West Hartford		State CT	Zip Code 06107	Date Recei		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00
Last Name Johns	First Name George &	Karen	MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1092	oution ID #	Amount of Contribution
Residential Street Address 597 W Hill Rd		City Stamford		State CT	Zip Code 06902	Date Recei		
Principal Occupation owner		Name of Employer self employed			Is this contribution associate fundraising event listed in the second of the second sec		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	\$100.00	\$100.00
Last Name Lombardi	First Name Joseph		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1093	oution ID#	Amount of Contribution
Residential Street Address 41 Indian Flds		City Greenwich		State CT	Zip Code 06830	Date Recei		
Principal Occupation Carpenter		Name of Employer Self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Ite	emized Contributi	ons fron	ı Individu	ıals				
Last Name Miller	First Name Stephen			MI J	Cash	contribution:		Contribution	n ID#	Amount of Contribution
Residential Street Address		City			State	y Order Credit/De	D	ate Received		
61 Pioneer Dr Principal Occupation Attorney		Name of En Andros, I			СТ	Is this contribution assoc fundraising event listed i If yes, list Event #	iated with			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name Schulz	First Name Shirley			MI A	Cash	contribution: X Personal of the Credit/Decoration of the Credit/Decora		Contribution	n ID#	Amount of Contribution
Residential Street Address 289 Sundance Rd		City Stamford			State CT	Zip Code 06905		ate Received 3/19/2010	١	
Principal Occupation Executive Assistant		Name of En Frank Me	nployer ercede and Sons			Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob	-	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name Arslanian	First Name Arda			MI	Cash	contribution: X Personal of the property of t		Contribution	n ID#	Amount of Contribution
Residential Street Address 90 Fawnfield Rd		City Stamford			State CT	Zip Code 06903		ate Received 3/21/2010	l	
Principal Occupation Homemaker		Name of En	nployer		•	Is this contribution assoc fundraising event listed i If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes		Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name Bartels	First Name Joseph			MI R	Cash	contribution: X Personal of Credit/Dec		Contribution	n ID#	Amount of Contribution
Residential Street Address 26 Mohegan Ave		City Stamford			State CT	Zip Code 06902		ate Received 3/21/2010	١	
Principal Occupation Engineer		Name of En	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00

		I. MO	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. Ite	mized Contribution	ons from	Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Bilotti	Joseph			Р	Cash Mone	y Order X Personal Credit/De		1100		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received	l	
251 Briar Brae Rd		Stamford			СТ	06903	0	3/21/201	0	
Principal Occupation		Name of Emp	· · ·			Is this contribution assoc fundraising event listed in			Yes	
Sales		RJ Watsor	1	_		If yes, list Event #	. Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	l	child of a lob	No		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Cheyne	Cory				Cash Mone	y Order X Credit/De		1101		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received	l	
3140 Dyer St		Dallas			TX	75275	0	3/21/201	0	
Principal Occupation		Name of Emp	oloyer			Is this contribution assoc fundraising event listed in			Yes	
School		None				If yes, list Event #	. seedon i		No	
Is contributor a principal of a state contractor	or prospective		Yes No	1	utor a lobbyis	-	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of		F .:	П	I	child of a lob	obyist? No		\$	100.00	\$100.00
government the contract is with:		Executive	Legislative	 			<u> </u>	1		<u> </u>
Last Name Cogan	First Name Fred			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
					_	y Order Credit/De	bit Card	1102		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
80 Wood Ridge Dr S		Stamford			СТ	06902	0	3/21/201	0	<u> </u>
Principal Occupation		Name of Emp	oloyer			Is this contribution assoc fundraising event listed is		J1?		
Senior Tech Account Manager		MCI				If yes, list Event #		L	No	
Is contributor a principal of a state contractor	or prospective		Yes No	1	utor a lobbyis	-	Aggre	egate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lot	obyist? No		\$	100.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Legislative	MI .		contribution:				
Critzman	Anthony			T	Cash	X Personal	Check	Contributi	on ID#	Amount of Contribution
					Mone	y Order Credit/De	bit Card	1103		
Residential Street Address		City			State	Zip Code		ate Received		
286 Barrack Hill Rd		Ridgefield			СТ	06877	_	3/21/201	,	
Principal Occupation Electrician		Name of Emp Self	ployer			Is this contribution assoc fundraising event listed in		J1?	_	
						If yes, list Event #	_	L	No]
Is contributor a principal of a state contractor state contractor?	or prospective		Yes No	1	utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative	1 —	_	No .		\$	100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Curto	Martine				Cash	y Order X Personal	Check bebit Card	1104		Contribution
Residential Street Address		City.						Date Received		
42 Rockridge Ln		City Stamford			State	Zip Code 06903)3/21/2010)	
Principal Occupation		Name of Er	nnlover			Is this contribution asso	ciated with	а Г	Yes	
Teacher			ook Rye UFSD			fundraising event listed If yes, list Event #	in Section	J1?	No No	
Is contributor a principal of a state contractor state contractor?	or prospective	<u> </u>	Yes No		utor a lobbyis		Aggre	egate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '─	es	,		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	A
Anastos	Evelyn				Cash	X Personal	Check bebit Card	1096	лг нэ #	Amount of Contribution
Residential Street Address		City		1	State	Zip Code	Е	Date Received		
88 Verplank Ave		Stamford			СТ	06902	c	3/21/2010)	
Principal Occupation		Name of En	nployer		•	Is this contribution asso			Yes	
VP		Marc Boo	uwer			fundraising event listed If yes, list Event #	in Section .		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob	-	Aggre	egate Contribu \$1	itions	\$100.00
government the contract is with: Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	
Anastos	Steven				Cash	X Personal	Check bebit Card	1097	лг н⊅ #	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	Г	Date Received		
88 Verplank Ave		Stamford			СТ	06902	C	3/21/2010)	
Principal Occupation		Name of En	nployer		•	Is this contribution asso			Yes	
Realtor		William F	Raveis			fundraising event listed If yes, list Event #	in Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes No		utor a lobbyis	-	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	No		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
D'Elia	Rosemary	/			Cash Money	y Order Personal Credit/E	Check bebit Card	1105		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
29 Fairway Dr		Stamford			СТ	06903	C	3/21/2010)	
Principal Occupation		Name of Er	nployer			Is this contribution asso fundraising event listed			Yes	
Homemaker		Self				If yes, list Event #	Section		No	
Is contributor a principal of a state contractor	or prospective		Yes No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	res	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name D'Onofrio	First Name Angela		MI M	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1106	ution ID #	Amount of Contribution
Residential Street Address 1415 Newfield Ave		City Stamford		State CT	Zip Code 06905	Date Receiv 03/21/20		
Principal Occupation Homemaker		Name of Employer Self		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	\$25.00	\$25.00
Last Name D'Onofrio	First Name Edmund		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1107	ution ID#	Amount of Contribution
Residential Street Address 1415 Newfield Ave		City Stamford		State CT	Zip Code 06905	Date Receiv		
Principal Occupation Periodontist		Name of Employer Self			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Duarte	First Name Susan		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1108	ution ID#	Amount of Contribution
Residential Street Address 10 Smoke Hill Rd		City Stamford		State CT	Zip Code 06903	Date Receiv 03/21/20		
Principal Occupation Accountant		Name of Employer Citigroup			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	\$100.00	\$100.00
Last Name Faugno	First Name Samuel		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 1109	ution ID#	Amount of Contribution
Residential Street Address 42 Ridge Tree Ln		City Stamford		State CT	Zip Code 06903	Date Receiv 03/21/20		
Principal Occupation Capital Management		Name of Employer GE Capital		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals			
Last Name Jamshidian	First Name Linda		MI R	Cash	contribution: X Personal Cl	neck 1112	oution ID#	Amount of Contribution
Residential Street Address 93 Buckingham Dr		City Stamford		State CT	Zip Code 06902	Date Recei		
Principal Occupation Homemaker		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Cont	ributions \$50.00	\$50.00
Last Name Musilli	First Name Lisa		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1116	oution ID#	Amount of Contribution
Residential Street Address 253 Skyview Dr		City Stamford		State CT	Zip Code 06902	Date Recei		
Principal Occupation Legal Assistant		Name of Employer Law Office of Mario Musilli			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Musilli	First Name Mario		MI P	Cash	contribution: X Personal Cl	neck 1117	oution ID#	Amount of Contribution
Residential Street Address 253 Skyview Dr		City Stamford		State CT	Zip Code 06902	Date Recei		
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Noone	First Name Michael		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1118	oution ID#	Amount of Contribution
Residential Street Address 66 Butternut Ln		City Stamford		State CT	Zip Code 06903	Date Recei 03/21/2		
Principal Occupation Financial Services		Name of Employer TIAA CREF			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$75.00	\$75.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Remondino	First Name Barbara		MI T	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 11	ntribution ID #	Amount of Contribution
Residential Street Address 36 Hunting Ln		City Stamford		State CT	Zip Code 06902	Date Re 03/21		
Principal Occupation Teacher		Name of Employer Stamford Public Schools			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate C	Contributions \$100.00	\$100.00
Last Name Shelden	First Name Colleen		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 11	ntribution ID#	Amount of Contribution
Residential Street Address 118 Pastures Ln		City New Canaan		State CT	Zip Code 06840	Date Re 03/21		
Principal Occupation Homemaker		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate C	Contributions \$100.00	\$100.00
Last Name Tancs	First Name Robert		MI	Cash	contribution: X Personal Cl	neck 11	ntribution ID #	Amount of Contribution
Residential Street Address 23 Apple Tree Dr		City Stamford		State CT	Zip Code 06906	Date Re 03/21		
Principal Occupation District Manager		Name of Employer Rite Aid Corp			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate C	Contributions \$100.00	\$100.00
Last Name Terzian	First Name Christoph	er	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 11	ntribution ID#	Amount of Contribution
Residential Street Address 1379 Hope St		City Stamford		State CT	Zip Code 06907	Date Re 03/21		
Principal Occupation Attorney		Name of Employer B,M,B and M		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate C	Contributions \$60.00	\$60.00

		I. MONETA	ARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized C	Contributio	ons from	Individu	ıals		•		
Last Name Tiso	First Name Francine			MI	Cash	contribution: X Personal of the property of t		Contribution	n ID#	Amount of Contribution
Residential Street Address 188 Mountainwood Rd		City Stamford			State CT	Zip Code 06903		ate Received 3/21/2010	l	
Principal Occupation Homemaker		Name of Employer Self				Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legis	□ No lative	dependent	utor a lobbyis child of a lob es		Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Tiso	First Name Robert			MI	Cash	contribution: X Personal of the property of t		Contribution	n ID#	Amount of Contribution
Residential Street Address 188 Mountainwood Rd		City Stamford			State CT	Zip Code 06903		ate Received 3/21/2010	ı	
Principal Occupation Auto Wholesaler		Name of Employer Self			-	Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legis	☐ No	dependent	utor a lobbyis child of a lob		Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Hackman	First Name Neil			MI D	Cash	contribution: X Personal of the property of t		Contribution 1111	n ID#	Amount of Contribution
Residential Street Address 51 Cypress Dr		City Stamford			State CT	Zip Code 06903		ate Received 3/21/2010	l	
Principal Occupation Retired		Name of Employer Retired				Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legis	☐ No lative	dependent	utor a lobbyis child of a lob es		Aggres	gate Contribut \$2	tions 00.00	\$100.00
Last Name Hackman	First Name Merryl			MI	Cash	contribution: X Personal of the property of t		Contribution	n ID#	Amount of Contribution
Residential Street Address 51 Cypress Dr		City Stamford			State CT	Zip Code 06903		ate Received 3/21/2010	ı	
Principal Occupation Clerical		Name of Employer Oak Financial Grou	ηp			Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legis	☐ No	dependent	utor a lobbyis child of a lob		Aggreg	gate Contribut \$1	tions 00.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Meyers	Patricia				Cash Money	y Order X Personal	Check ebit Card	1115		Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		Date Received		
9 Stony Brook Rd		Darien			CT	06820		3/21/2010		
Principal Occupation Housewife		Name of En	nployer			Is this contribution associated			Yes	
				_		If yes, list Event #				ļ
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	obyist?	Aggre	egate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	A
Landle	Allison				Cash	x Personal	Check ebit Card	1113	л ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Γ	Date Received		
120 Echo Hill Dr		Stamford			СТ	06903	C	3/21/2010)	
Principal Occupation Student		Name of En	nployer			Is this contribution assorting event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu \$1	utions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Lindell	Elizabeth				Cash Money	y Order	Check ebit Card	1114		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
68 Wascussee Ln		Stamford			СТ	06902)3/21/2010	0	
Principal Occupation Manager		Name of En	nployer Company			Is this contribution assorting event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu \$1	ntions	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Pohle	Christoph	er			Cash Money	y Order	Check ebit Card	1119		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
78 Beacon Hill Ln		New Cana	aan		СТ	06840	C)3/21/2010)	
Principal Occupation Investment Advisor		Name of En	nployer Capital Managemen	t		Is this contribution assorting event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	ntions	\$100.00
government the contract is with:	Ш	Executive	Legislative		res	No				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name Pohle	First Name Elizabeth			MI	Cash	contribution: X Personal y Order Credit/De		Contribution	ı ID#	Amount of Contribution
Residential Street Address 78 Beacon Hill Ln		City New Can	aan		State CT	Zip Code 06840		ate Received 3/21/2010		
Principal Occupation Homemaker		Name of Er Self	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	obyist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name McCarthy	First Name David			MI	Cash	contribution: X Personal y Order Credit/De		Contribution	ı ID#	Amount of Contribution
Residential Street Address 38 Nearwater Rd		City Norwalk			State CT	Zip Code 06853		ate Received 3/22/2010		
Principal Occupation Financial Sales		Name of Er	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	-	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name Hajjar	First Name George			MI D	Cash	contribution: X Personal y Order Credit/De		Contribution	n ID#	Amount of Contribution
Residential Street Address 64 Southgate Rd		City Waterbur	- Y		State CT	Zip Code 06708		ate Received 3/22/2010		
Principal Occupation Jeweler		Name of Er Davids J				Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	, 1	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name Foley, Jr.	First Name Thomas			MI	Cash	contribution: Personal y Order X Credit/De		Contribution	n ID#	Amount of Contribution
Residential Street Address 17 S B St		City Taftville			State CT	Zip Code 06380		ate Received 3/22/2010		
Principal Occupation Casino/Revenue Accountant		Name of Er Mohegar	nployer n Sun Casino			Is this contribution assoc fundraising event listed i If yes, list Event #		12	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contributi \$2	ions 25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		_	
Last Name Besser	First Name Haley		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 112	ibution ID #	Amount of Contribution
Residential Street Address 23 Tobys Ln		City New Canaan		State CT	Zip Code 06840	Date Rece 03/22/2		
Principal Occupation Student		Name of Employer Self			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Catenacci	First Name Jeffrey		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1128	ibution ID#	Amount of Contribution
Residential Street Address 18 E 33rd St Apt 5F		City New York		State NY	Zip Code 10016	Date Rece 03/22/2		
Principal Occupation Attorney		Name of Employer Winston & Strawn LLP			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cor	stributions \$50.00	\$50.00
Last Name dudek	First Name kimberly		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1129	ibution ID #	Amount of Contribution
Residential Street Address 23 Haig Ave		City Stamford		State CT	Zip Code 06905	Date Rece 03/22/2		
Principal Occupation cleaning service		Name of Employer self employed			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cor	\$50.00	\$50.00
Last Name Lo Russo	First Name Jeffrey		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1132	ibution ID#	Amount of Contribution
Residential Street Address 54 Hunter's Creek Ln		City New Canaan		State CT	Zip Code 06840	Date Rece 03/22/2		
Principal Occupation Owner		Name of Employer Metro Business Systems			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals		•	
Last Name Lo Russo	First Name Lynne		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 113	ibution ID#	Amount of Contribution
Residential Street Address 54 Hunter's Creek Ln		City New Canaan		State CT	Zip Code 06840	Date Rece 03/22/2		
Principal Occupation None		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Cor	stributions \$100.00	\$100.00
Last Name Viggiano	First Name Margaret		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 113	ibution ID #	Amount of Contribution
Residential Street Address 61 Lynde St		City Old Saybrook		State CT	Zip Code 06475-2134	Date Recei		
Principal Occupation Registered Nurse		Name of Employer Dominion Connecticut		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Seeba	First Name Meagan		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 113	ibution ID#	Amount of Contribution
Residential Street Address 291 Grieb Rd		City Wallingford		State CT	Zip Code 06492	Date Rece 03/22/2		
Principal Occupation Executive Assistant		Name of Employer D Martino			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	\$10.00	\$10.00
Last Name Gimmelli	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 116	ibution ID #	Amount of Contribution
Residential Street Address 232 Wesley St		City Waterbury		State CT	Zip Code 06708	Date Rece 03/23/2		
Principal Occupation Operator		Name of Employer Uconn Health Center		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Cor	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals		_	
Last Name Harris	First Name William		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 117	ibution ID #	Amount of Contribution
Residential Street Address 208 Juniper Ridge Rd		City Waterbury		State CT	Zip Code 06708	Date Rece 03/23/2		
Principal Occupation Executive		Name of Employer American Copy Service		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Anthony, MD	First Name Joseph		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 113	ibution ID #	Amount of Contribution
Residential Street Address 286 Nob Hill Rd		City Cheshire		State CT	Zip Code 06410	Date Rece 03/23/2		
Principal Occupation Physician		Name of Employer St. Mary's Hospital			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Co	stributions \$100.00	\$100.00
Last Name Sampson	First Name Robert		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 119	ibution ID #	Amount of Contribution
Residential Street Address 276 Bound Line Rd		City Wolcott		State CT	Zip Code 06716	Date Rece 03/23/2		
Principal Occupation Realtor		Name of Employer Vision RE			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Co	s50.00	\$50.00
Last Name CURTO	First Name ROBERT		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 115	ibution ID#	Amount of Contribution
Residential Street Address 42 Rockridge Ln		City Stamford		State CT	Zip Code 06903	Date Rece 03/23/2		
Principal Occupation SALES		Name of Employer SUMMITT MEDICAL			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Baker	First Name Peter		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1139	bution ID#	Amount of Contribution
Residential Street Address 118 Grey Rock Rd		City Southbury		State CT	Zip Code 06488-4632	Date Recei 03/23/2		
Principal Occupation CEO		Name of Employer Crystal Rock			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$100.00	\$100.00
Last Name Berkoff	First Name Martine		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1140	bution ID#	Amount of Contribution
Residential Street Address 4900 N Ocean Blvd		City Lauderdale by the Sea		State FL	Zip Code 33308	Date Recei 03/23/2		
Principal Occupation Chairman		Name of Employer Bevmax			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00
Last Name Berkoff	First Name Susan		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1141	bution ID #	Amount of Contribution
Residential Street Address 4900 N Ocean Blvd		City Lauderdale by the Sea		State FL	Zip Code 33308	Date Recei 03/23/2		
Principal Occupation Accounting		Name of Employer Bevmax			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	\$100.00	\$100.00
Last Name Bhai	First Name Bhana		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1144	bution ID#	Amount of Contribution
Residential Street Address 18 Cold Spring Rd		City Stamford		State CT	Zip Code 06905-4201	Date Recei 03/23/2		
Principal Occupation Retired		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Fedele 2010							Ori	ginal 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	С	Contribution ID #	Amount of
Carey	Henry		L	Cash Money	y Order X Personal Ch Credit/Debi	1	1146	Contribution
Residential Street Address		City		State	Zip Code	Date I	Received	
371 Platt Rd		Watertown		СТ	06795	03/2	23/2010	
Principal Occupation Farmer		Name of Employer Retired Engineer			Is this contribution associated fundraising event listed in State of the state of t		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	-	Aggregate	e Contributions \$75.0	0 \$75.00
Last Name	First Name		MI	Method of	contribution:	-	Contribution ID #	Amount of
Carey	Jessie		М	Cash Money	y Order Resonal Character Credit/Debi	1	1147	Contribution
Residential Street Address		City		State	Zip Code		Received	
371 Platt Rd		Watertown		СТ	06795		23/2010	\dashv
Principal Occupation Retired		Name of Employer Retired			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate	e Contributions \$75.0	0 \$75.00
Last Name	First Name		MI	Method of	contribution:	С	Contribution ID #	Amount of
Castillo	Claudia			Cash Money	y Order X Personal Ch Credit/Debi	1	1148	Contribution
Residential Street Address		City		State	Zip Code	Date I	Received	
34 Home Ct		Stamford		СТ	06902	03/2	23/2010	_
Principal Occupation Asst Comptroller		Name of Employer Bevmax			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	-	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name	First Name		MI	Method of	contribution:	C	Contribution ID #	Amount of
Castros	Francis			Cash	x Personal Ch y Order Credit/Debi	neck 1	1149	Contribution
Residential Street Address 88 Elaine Dr		City Stamford		State CT	Zip Code 06902		Received 23/2010	
Principal Occupation		Name of Employer		ļ <u>.</u>	Is this contribution associate		Yes	\dashv
Service Manager		BMW of Darien			fundraising event listed in S If yes, list Event #		No Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	0 \$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals		<u>'</u>	
Last Name	First Name		MI	Method of	contribution:	Con	tribution ID #	Amount of
Corelli	Dana			Cash Money	x Personal Ch y Order Credit/Debi	11!	50	Contribution
Residential Street Address		City		State	Zip Code	Date Rec		
139 Ridge Park Ave		Stamford		СТ	06905	03/23,	/2010	1
Principal Occupation Sales		Name of Employer Ross-Simons			Is this contribution associate fundraising event listed in S		Yes	
			1		If yes, list Event #			1
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	s100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		tribution ID#	Amount of
Corelli	Patrick			Cash Money	X Personal Ch y Order Credit/Debi	11!	51	Contribution
Residential Street Address 139 Ridge Park Ave		City Stamford		State CT	Zip Code 06905	Date Rec 03/23/		
Principal Occupation				[[Is this contribution associate	_	$\overline{}$	†
Bakery		Name of Employer Whole Foods			fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate C	ontributions \$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:	Con	tribution ID #	Amount of
Curcio	Peggy			Cash Money	x Personal Ch y Order Credit/Debi	eck 11!		Contribution
Residential Street Address		City		State	Zip Code	Date Rec	ceived]
14 Clorinda Corut		Stamford		СТ	06902	03/23,	/2010	1
Principal Occupation Manager		Name of Employer Stamford Florist			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes No		utor a lobbyis		Aggregate Co	ontributions \$50.00	\$50.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	Y	res	No		Ψ30.00	ψ30.00
Last Name	First Name		MI		contribution:		tribution ID#	Amount of
Czelada	Patricia			Cash Money	X Personal Ch y Order Credit/Debi	11!	54	Contribution
Residential Street Address		City	1	State	Zip Code	Date Rec	ceived	1
26 Nottingham Dr		Stamford		СТ	06907	03/23,	/2010	1
Principal Occupation Self Employed		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. Ite	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Dadonna	Thomas				Cash Money	y Order X Persona	l Check Debit Card	1155		Contribution
Residential Street Address		City		1	State	Zip Code		ate Received		
1 Burritt Hill Rd		Bethleher	m		CT	06751		3/23/2010)	
Principal Occupation		Name of En	nployer		-	Is this contribution asso	ciated with	a	Yes	
Self		Self Emp	loyed			fundraising event listed If yes, list Event #	in Section	J1?	No	
In contributor a principal of a state contractor	an muaanaativa			I			1.			
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes No		utor a lobbyis child of a lob		Aggre	egate Contribu \$1	tions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	es	No		Ψ-		Ψ100.00
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
D'Amelio	Anthony			J	Cash Money	y Order X Persona Credit/I	Check Debit Card	1156		Contribution
Residential Street Address		City		1	State	Zip Code	Г	ate Received		
64 Wellington Ave		Waterbur	у		СТ	06708-3622	c	3/23/2010)	
Principal Occupation		Name of En	nployer		•	Is this contribution asso			Yes	
Representative		State Of	Conn			fundraising event listed If yes, list Event #	in Section		No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes No		utor a lobbyis	-	Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			No		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	-	Contributio	on ID #	Amount of
DiStasio	Jeffrey				Cash Money	y Order X Credit/I	l Check Debit Card	1159		Contribution
Residential Street Address		City			State	Zip Code	Г	ate Received		
4 Brookshire Dr		Prospect			СТ	06712	C	3/23/2010)	
Principal Occupation		Name of En				Is this contribution asso fundraising event listed			Yes	
Sales		Cisco Sys	stems			If yes, list Event #			No	
Is contributor a principal of a state contractor of	or prospective		Yes No		utor a lobbyis	-	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		F	Legislative		child of a lob Yes	obyist? No		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	+	I			1		
Last Name Duden	First Name Edward			MI	Method of Cash	contribution: x Persona	l Check	Contributio	on ID#	Amount of Contribution
						y Order Credit/I	Debit Card	1160		
Residential Street Address		City			State	Zip Code		ate Received		
78 Deerwood Dr		Bethleher	n		СТ	06751		3/23/2010) 	
Principal Occupation		Name of En				Is this contribution asso fundraising event listed			Yes	
CRNA		Torringto	on Anesthesia			If yes, list Event #			No	
Is contributor a principal of a state contractor of	or prospective		Yes No		utor a lobbyis	-	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob Yes	-		\$	50.00	\$50.00
government the contract is with:	ш	Lxecutive	Legisiative	Т		INO				

	I. MONETARY REC	CEIPTS (Section	n A-I)			
NAME OF COMMITTEE					FILING	G DUE DATE
Fedele 2010					Origina	al 04/12/2010
	B. Itemized Contribution	ons from Individu	ıals			
Last Name First Name		MI Method of	contribution:	Contributi	on ID#	Amount of
Farber Arnold		Cash Money	V Order Responsible Credit/Deb	1161		Contribution
Residential Street Address	City	State	Zip Code	Date Received		1
85 Camp Ave Unit 11J	Stamford	СТ	06907	03/23/201	0	
Principal Occupation Retired	Name of Employer Retired	<u>,</u>	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative	Is contributor a lobbyis dependent child of a lob	byist?	Aggregate Contribu	utions 100.00	\$100.00
Last Name First Name Gambino Judith		Cash	contribution: X Personal Cl y Order Credit/Deb	 1164	on ID#	Amount of Contribution
Residential Street Address 174 Turner Rd	City Stamford	State CT	Zip Code 06905	Date Received 03/23/201		
Principal Occupation Banker	Name of Employer Webster Bank	•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative	Is contributor a lobbyis dependent child of a lob	-	Aggregate Contribu	utions 100.00	\$100.00
Last Name First Name Gavallas John		C Cash	contribution: X Personal Cl / Order Credit/Deb	 1165	on ID#	Amount of Contribution
Residential Street Address 23 Capewell Ave	City Oakville	State CT	Zip Code 06779	Date Received 03/23/201		
Principal Occupation Police Chief	Name of Employer Town of Wt		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative	Is contributor a lobbyis dependent child of a lob	byist?	Aggregate Contribu	utions 100.00	\$100.00
Last Name GOLDBERG First Name GAIL		Cash	contribution: Personal Cl v Order X Credit/Deb	1167	on ID#	Amount of Contribution
Residential Street Address 320 Strawberry Hill Ave	City Stamford	State CT	Zip Code 06902	Date Received 03/23/201		
Principal Occupation SALES MANAGER	Name of Employer AMERICAN EXPRESS		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative	Is contributor a lobbyis dependent child of a lob	byist?	Aggregate Contribu	ations \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Guerrera	First Name Robert		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1168	bution ID#	Amount of Contribution
Residential Street Address 539 Hill St		City Waterbury		State CT	Zip Code 06704	Date Recei		
Principal Occupation Owner		Name of Employer Coast Services Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00
Last Name Hamel	First Name Jeffrey		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1169	bution ID#	Amount of Contribution
Residential Street Address 68 Hand Hill Rd		City Bethlehem		State CT	Zip Code 06751	Date Recei		
Principal Occupation First Selectman		Name of Employer Town of Bethlehem			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Henry	First Name Jean		MI E	Cash	contribution: X Personal Cl	neck 1171	bution ID #	Amount of Contribution
Residential Street Address 69 Taft Cir		City Watertown		State CT	Zip Code 06795	Date Recei		
Principal Occupation Legislative Program Manager		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Con	\$100.00	\$100.00
Last Name James	First Name Seeram		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1172	bution ID#	Amount of Contribution
Residential Street Address 73 N Ridge Dr		City Middlebury		State CT	Zip Code 06762	Date Recei		
Principal Occupation Aircraft Inst		Name of Employer Executive Aircraft		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Con	tributions \$75.00	\$75.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ions from	Individu	ıals		•	
Last Name Jones	First Name Curtis		MI C	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	neck 117	ibution ID #	Amount of Contribution
Residential Street Address 17 Riverbend Dr		City Woodbury		State CT	Zip Code 06798	Date Rece 03/23/2		
Principal Occupation Engineer		Name of Employer Civil 1		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name JORGENSE	First Name JANET		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 117	ibution ID #	Amount of Contribution
Residential Street Address 303 Old Norwalk Rd		City New Canaan		State CT	Zip Code 06840	Date Rece 03/23/2		
Principal Occupation REALTOR		Name of Employer WILLIAM PITT			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Co	stributions \$100.00	\$100.00
Last Name Jurasek	First Name Dave		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 117	ibution ID #	Amount of Contribution
Residential Street Address 520 Park Rd		City Watertown		State CT	Zip Code 06795	Date Reco		
Principal Occupation		Name of Employer Crystal Rock			Is this contribution associate fundraising event listed in the street If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Co	\$100.00	\$100.00
Last Name Kane	First Name Cheryl		MI A	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 117	ibution ID #	Amount of Contribution
Residential Street Address 159 Midwood Ave		City Waterbury		State CT	Zip Code 06701	Date Rece 03/23/2		
Principal Occupation Principal		Name of Employer State Of Connecticut		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Lepore	First Name David		MI D	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1177	oution ID#	Amount of Contribution
Residential Street Address 77 Eastfield Rd	•	City Waterbury		State CT	Zip Code 06706	Date Recei 03/23/2		
Principal Occupation Self		Name of Employer Self		-	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00
Last Name McDonald	First Name Bruce		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1178	oution ID#	Amount of Contribution
Residential Street Address 1209 Roxbury Meadow Rd		City Warren		State VT	Zip Code 05674	Date Recei 03/23/2		
Principal Occupation		Name of Employer Crystal Rock		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Mengacci	First Name Joseph		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1179	oution ID#	Amount of Contribution
Residential Street Address 111 Dwyer Rd		City Middlebury		State CT	Zip Code 06762	Date Recei 03/23/2		
Principal Occupation Mediator		Name of Employer Self			Is this contribution associate fundraising event listed in the street If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Conf	sibutions \$100.00	\$100.00
Last Name Piscopo	First Name John		MI E	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1180	oution ID#	Amount of Contribution
Residential Street Address 50 Judson St		City Thomaston		State CT	Zip Code 06787-1527	Date Recei 03/23/2		
Principal Occupation Representative		Name of Employer State Of Connecitcut			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	DUE DATE	
Fedele 2010									Origina	al 04/12/2010	
		B. Itemi	zed Contributio	ons from	Individu	ıals					
Last Name Primini	First Name Raymond			MI	Cash	contribution: X Personal y Order Credit/Do		Contribution 1181	on ID#	Amount of Contribution	
Residential Street Address 410 Cherry Ave		City Watertown			State CT	Zip Code 06795		ate Received 3/23/2010)		
Principal Occupation Workers' Comp		Name of Employ State of CT	ver			Is this contribution assoc fundraising event listed i If yes, list Event #]		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob es		Aggre	gate Contribu	tions 50.00	\$50.00	
Last Name Rodainsky	First Name Rosalind			MI E	Cash	contribution: X Personal y Order Credit/Do		Contribution 1182	on ID#	Amount of Contribution	
Residential Street Address 159 Hartswood Rd		City Stamford			State CT	Zip Code 06905-2211		ate Received 3/23/2010)		
Principal Occupation Retired		Name of Employ None	ver			Is this contribution assoc fundraising event listed i If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob es	-	Aggre	gate Contribu	tions 50.00	\$50.00	
Last Name Rubbo	First Name Antonio			MI	Cash	contribution: X Personal y Order Credit/Do		Contribution 1183	on ID#	Amount of Contribution	
Residential Street Address 39 Martone St		City Waterbury			State CT	Zip Code 06708		ate Received 3/23/2010)		
Principal Occupation Retired		Name of Employ	ver		•	Is this contribution assoc fundraising event listed i If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob es	, 1	Aggre	gate Contribu \$1	tions	\$100.00	
Last Name Sanchez	First Name Julio			MI	Cash	contribution: X Personal y Order Credit/Do		Contribution 1184	on ID#	Amount of Contribution	
Residential Street Address 32 Weed Hill Ave Apt P		City Stamford			State CT	Zip Code 06907		ate Received 3/23/2010	0		
Principal Occupation Manager		Name of Employ Bevmax	ver	_	•	Is this contribution assoc fundraising event listed i If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob es	-	Aggre	gate Contribu	tions	\$100.00	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Shwidock	First Name Brad		MI E	Method of Cash	contribution:		ution ID #	Amount of Contribution
		T .		Money	y Order Credit/Debi			-
Residential Street Address 63 Little John Ln		City Stamford		State CT	Zip Code 06907	Date Received 03/23/20		
Principal Occupation Dentist		Name of Employer Self			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Shwidock	First Name Carol		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 1196	ution ID#	Amount of Contribution
Residential Street Address 63 Little John Ln		City Stamford		State CT	Zip Code 06907	Date Receive 03/23/29		
Principal Occupation Yoga Therapist		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Testa, Jr.	First Name Richard		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1188	ution ID#	Amount of Contribution
Residential Street Address 63 Pershing Ave		City Stamford		State CT	Zip Code 06905	Date Receiv		
Principal Occupation Foreman		Name of Employer Test Const		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Testa	First Name Richard		MI	Cash	contribution: X Personal Character Credit/Debi	neck 1189	ution ID#	Amount of Contribution
Residential Street Address 8788 Mustang Island Cir		City Naples		State FL	Zip Code 34113	Date Receiv		
Principal Occupation Owner		Name of Employer Test Const		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Valencia	Paola				Cash Money	y Order X Personal Credit/D	Check ebit Card	1190		Contribution
Residential Street Address	•	City		•	State	Zip Code	Е	Date Received		
128 Maple Ave		Stamford	1		СТ	06902	0	3/23/2010)	
Principal Occupation Bookkeeper		Name of Er Bevmax	nployer		•	Is this contribution associated fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob		Aggre	egate Contribu	itions	\$100.00
government the contract is with:	First Name	Executive	Legislative	+ =				1		
Last Name Wartell	First Name Michael			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution 1193	on ID#	Amount of Contribution
Residential Street Address	•	City		<u>'</u>	State	Zip Code	Е	Date Received		
202 Soundview Ave Apt 47		Stamford	1		СТ	06902	0	3/23/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution asso			Yes	
IT Professional		Bevmax				fundraising event listed If yes, list Event #	in section .		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu \$1	itions	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID#	Amount of
Loret de Mola	Luis				Cash Money	y Order	Check ebit Card	1194		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
34 S Lake Dr		Stamford	<u> </u>		СТ	06903	0)3/23/2010)	
Principal Occupation		Name of En Bevmax	mployer			Is this contribution assortiundraising event listed		J1?	_	
President		Devillax				If yes, list Event #		L	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No	dependen	outor a lobbyis t child of a lob	bbyist?	Aggre	egate Contribu \$1	itions	\$100.00
government the contract is with:		Executive	Legislative	+ -		No		1		
Last Name Baker	First Name Bryan			MI P	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution 1138	on ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
275 Peach Orchard Rd		Waterbur	У		СТ	06706	0	3/23/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associated			Yes	
Program Educator		CT Scien	ce Center			fundraising event listed If yes, list Event #	in Section .		No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes No		outor a lobbyis t child of a lob		Aggre	egate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res	•		\$	50.00	\$50.00
				-						•

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. Ite	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Caiazzo	Joseph			М	Cash Money	y Order X Persona Credit/I	l Check Debit Card	1145		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
70 Phyllis Dr		Waterbur	у		СТ	06708	d	3/23/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution asso			Yes	
Restaurant		Self Emp	loyed	_		fundraising event listed If yes, list Event #	in Section	J ¹ ?	No	
Is contributor a principal of a state contractor	or prospective		Yes No		utor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '─	child of a lob			\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	A
Stowell	Geoffrey			W	Cash Money	y Order	l Check Debit Card	1186	он нэ #	Amount of Contribution
Residential Street Address	•	City		•	State	Zip Code	Ι	Date Received		
23 Freedom Rd		Middlebui	ry		СТ	06762	C	3/23/2010	0	
Principal Occupation		Name of En	nployer			Is this contribution asso fundraising event listed			Yes	
Deputy Chief Clerk		State of	СТ			If yes, list Event #	in section		No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes No		utor a lobbyis child of a lob		Aggre	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			No No		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Walsh	James			R	Cash Money	y Order X Persona Credit/I	l Check Debit Card	1191	-	Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
34 Stonehenge Pl		Watertow	'n		СТ	06795	C	3/23/2010	0	
Principal Occupation		Name of En				Is this contribution asso fundraising event listed			Yes	
DRS Tax		State of	СТ			If yes, list Event #	in section		No	
Is contributor a principal of a state contractor	or prospective		Yes No		utor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	obyist? No		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	+ -	1			T		
Last Name DeMaida	First Name William			MI	Method of Cash	contribution:	l Check	Contribution	on ID #	Amount of Contribution
					Money	y Order Credit/I	Debit Card	1158		
Residential Street Address		City			State	Zip Code		Date Received		
185 Pierpont Rd		Waterbur	У		СТ	06705)3/23/2010	0	
Principal Occupation		Name of En Dell Amu				Is this contribution asso fundraising event listed			Yes	
Owner		Dell Allin	ISCHIETTE			If yes, list Event #		L	No	
Is contributor a principal of a state contractor	or prospective		Yes No		utor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob Yes	-		\$1	100.00	\$100.00
government the contract is with:		LACCULIVE	Logislative		<u>-</u>	-10				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Fedele 2010							Origin	al 04/12/2010		
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name D'Amelio	First Name Joanne		MI	Cash	contribution: X Personal Cl	1157	tion ID#	Amount of Contribution		
Residential Street Address 64 Wellington Ave		City Waterbury		State CT	Zip Code 06708	Date Receive 03/23/202				
Principal Occupation Teacher		Name of Employer Our Lady of Mt. Carmel Scho	ool		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contril	outions \$100.00	\$100.00		
Last Name Stowell	First Name William		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	1187	tion ID#	Amount of Contribution		
Residential Street Address 1 Elfin Pl		City Middlebury		State CT	Zip Code 06762	Date Receive 03/23/203				
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Contril	sutions \$50.00	\$50.00		
Last Name Berkoff	First Name William		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	1143	tion ID#	Amount of Contribution		
Residential Street Address 109 Sawmill Rd		City Stamford		State CT	Zip Code 06903	Date Receive 03/23/202				
Principal Occupation Retail		Name of Employer Bevmax			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Contril	outions \$100.00	\$100.00		
Last Name Yamin	First Name Joseph		MI	Cash	contribution: X Personal Cl	1192	tion ID#	Amount of Contribution		
Residential Street Address 394 Watertown Rd		City Middlebury		State CT	Zip Code 06762-1507	Date Receive 03/23/202				
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob /es	byist?	Aggregate Contril	outions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Ite	emized Contribut	ions fron	ı Individu	ıals				
Last Name Berkoff	First Name Susan			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution	n ID#	Amount of Contribution
Residential Street Address 92 Jeanne Ct		City Stamford			State CT	Zip Code 06903		ate Received 3/23/2010		
Principal Occupation Makeup Artist		Name of En Chanel	nployer			Is this contribution associated fundraising event listed If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribut	ions 00.00	\$100.00
Last Name Farber	First Name Cindy			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution	n ID#	Amount of Contribution
Residential Street Address 71 Davenport Ridge Ln		City Stamford			State CT	Zip Code 06903		ate Received 3/23/2010		
Principal Occupation Self		Name of En Signs of				Is this contribution associated fundraising event listed If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes		Aggre	egate Contribut	ions 00.00	\$100.00
Last Name Farber	First Name Richard			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution 1163	n ID#	Amount of Contribution
Residential Street Address 71 Davenport Ridge Ln		City Stamford			State CT	Zip Code 06903		ate Received		
Principal Occupation Self		Name of En Signs of				Is this contribution associated fundraising event listed If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	gate Contribut	ions 00.00	\$100.00
Last Name Cafferelli	First Name Mary			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution	n ID#	Amount of Contribution
Residential Street Address 129 College Pl		City Fairfield			State CT	Zip Code 06824		ate Received 3/24/2010		
Principal Occupation Office Staff		Name of En Dr. Sierr			-	Is this contribution associated fundraising event listed If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribut	ions 00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI		contribution:	31 1	Contribution	n ID#	Amount of
O'Reilly	Michael			W	Cash Money	y Order Personal C		1233		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
PO Box 2132		Westport			СТ	06880		3/24/2010		
Principal Occupation Attorney		Name of Er Self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribut \$	tions 70.00	\$70.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contribution	n ID #	Amount of
Bar	Russell				Cash Money	Personal C X Credit/Del		1200		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
110 Logan Rd		New Can	aan		СТ	06840		3/24/2010		
Principal Occupation student		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes	-	Aggre	gate Contribut	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Cosco	Karen				Cash Money	y Order X Credit/Del		1208		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
2 Leuvine St		Norwalk			СТ	06850		3/24/2010		
Principal Occupation Dog Trainer		Name of Er Self-Emp				Is this contribution associ fundraising event listed in If yes, list Event #		11? <u>'</u>	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob		Aggre	gate Contribut	tions 25.00	\$25.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	МІ		contribution:	<u> </u>	Contribution	ID #	
Franklin	Jean			W	Cash	y Order Personal C		1221	n 1D#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
5 Davis Ln		Westport	:		СТ	06880	0	3/24/2010		ļ
Principal Occupation Retired		Name of En	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No	dependen	outor a lobbyis t child of a lob	byist?	Aggre	gate Contribut	tions 54.00	\$54.00
government the contract is with:	Ш	Executive	Legislative	'	Yes	N0				

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
DAmelio	Krista				Cash Money	y Order X Credit/D	Check ebit Card	1211		Contribution
Residential Street Address	•	City			State	Zip Code	Е	ate Received		
64 Wellington Ave		Waterbui	Ty .		СТ	06708	0	3/24/2010)	
Principal Occupation full time student		Name of Er	mployer		•	Is this contribution associated fundraising event listed If yes, list Event #		J1?	Yes No	
							_	_		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes	obyist?	Aggre	egate Contribu \$	tions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	
Beggan	Joseph			P	Cash	X Personal	Check ebit Card	1201	лг н <i>э</i> #	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	Б	ate Received		
15 Pumpkin Ln		Norwalk			СТ	06851	0	3/24/2010)	
Principal Occupation		Name of E	nployer		•	Is this contribution associated			Yes	
Contractor		Self				fundraising event listed If yes, list Event #	in section .		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes		Aggre	egate Contribu	itions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Munger	Chris				Cash Money	y Order X Credit/D	Check ebit Card	1229		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
32 Elaine Dr		Stamford	<u> </u>		СТ	06902	0	3/24/2010)	
Principal Occupation Law Enforcement Consultant		Name of Er Self	nployer			Is this contribution associated fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor	or prospective	·	Yes No	Is contrib	outor a lobbyis	it, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Î	t child of a lob Yes	obyist? No		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Lavielle	Gail			М	Cash Money	y Order X Personal Credit/D	Check ebit Card	1225		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
109 Hickory Hill Rd		Wilton			СТ	06897	0	3/24/2010)	
Principal Occupation Educator		Name of Er Uconn	nployer			Is this contribution associated fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No	dependen	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	itions	\$25.00
government the contract is with:		Executive	Legislative	Y	l'es	No				·

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Sclafani, Jr.	First Name Luciano		MI V	Cash	contribution: X Personal Cl	heck 1249	bution ID#	Amount of Contribution
Residential Street Address 12 Wildfire Ln		City Trumbull		State CT	Zip Code 06611	Date Recei		
Principal Occupation President		Name of Employer Gus Sclafani Corp		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Con	tributions \$100.00	\$100.00
Last Name Perillo, III	First Name Louis		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1236	bution ID#	Amount of Contribution
Residential Street Address 25 Windermere Ridge Dr		City Southington		State CT	Zip Code 06489	Date Recei		
Principal Occupation Economic Development Officer		Name of Employer Town of Southington			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Adams	First Name Douglas		MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1197	bution ID #	Amount of Contribution
Residential Street Address 693 S Benson Rd		City Fairfield		State CT	Zip Code 06824-6948	Date Recei		
Principal Occupation Real Estate		Name of Employer Seligson Properties			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Albanese	First Name Emil		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1198	bution ID#	Amount of Contribution
Residential Street Address 33 Bettenwood		City Norwalk		State CT	Zip Code 06851	Date Recei		
Principal Occupation Executive		Name of Employer ATT Worldwide		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Con	tributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Audet	First Name Paul		MI B	Cash	contribution: Personal Ch y Order Credit/Debi	eck 1199	oution ID#	Amount of Contribution
Residential Street Address 902-2 S Colony Rd		City Wallingford		State CT	Zip Code 06492	Date Recei 03/24/2		
Principal Occupation Driver		Name of Employer Chef's Equipment			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Farina	First Name Lorina		MI	Method of Cash Money	contribution: Personal Ch y Order Credit/Debi	eck 1219	oution ID#	Amount of Contribution
Residential Street Address 902-2 S Colony Rd		City Wallingford		State CT	Zip Code 06492	Date Recei		
Principal Occupation Self		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Farina, Sr	First Name Stephen		MI	Method of Cash Money	contribution: Personal Ch y Order Credit/Debi	eck 1220	oution ID#	Amount of Contribution
Residential Street Address 902-2 S Colony Rd		City Wallingford		State CT	Zip Code 06492	Date Recei		
Principal Occupation Security Officer		Name of Employer Andrews International			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Cont	ributions \$100.00	\$100.00
Last Name Brady	First Name Janice		MI	Cash	contribution: X Personal Ch y Order	eck 1202	oution ID #	Amount of Contribution
Residential Street Address 727 Pendleton Hill Rd		City North Stonington		State CT	Zip Code 06354	Date Recei		
Principal Occupation Housewife		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Cafero Jr	Lawrence			F	Cash Money	y Order X Personal C		1203		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
6 Weed Ave		Norwalk			СТ	06850-2224	0	3/24/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
Real Estate Atty		Brown R	udnick Freed & Gesr	mer		fundraising event listed in If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis	-	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 ~	t child of a lob Yes	-		\$1	.00.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+ =			<u> </u>	1		
Last Name Capello, Jr.	First Name Remo			MI	Method of Cash	contribution: X Personal (Check	Contributio	on ID#	Amount of Contribution
					_	y Order Credit/De	bit Card	1205		Commodition
Residential Street Address		City			State	Zip Code	D	ate Received		
1551 Tuttle Ave		Wallingfo	rd		СТ	06492	0	3/24/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Manager		Yale Uni	versity			fundraising event listed in If yes, list Event #	ii section .		No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis	-	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Yes	No		\$	10.00	\$10.00
government the contract is with:	l _{E' (M}	Executive	Legislative	+			<u> </u>	1		
Last Name Conover	First Name Cathleen			MI	Cash	contribution: X Personal (Check	Contributio	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	1206		
Residential Street Address		City			State	Zip Code	D	ate Received		
99 Perry Ave		Norwalk			СТ	06850	0	3/24/2010)	ļ
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Homemaker		Homema	iker			fundraising event listed in If yes, list Event #	i section .	,,,, <u> </u>	No	
Is contributor a principal of a state contractor	or prospective	1	Yes No	Is contrib	outor a lobbyis	t spouse or	Aggra	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	_		les like		t child of a lob		Aggie	-	.00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	<u> </u>	res	No				
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
Conover	Stephen				Cash Money	y Order Personal C		1207		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
99 Perry Ave		Norwalk			СТ	06850	0	3/24/2010)	
Principal Occupation		Name of Er				Is this contribution associ			Yes	
Attorney		Sandak,	Hennessey and Gre	co, LLC		If yes, list Event #	a section .		No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis	-	Aggre	egate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of		E		1 ~	t child of a lob Yes	•	1	\$1	.00.00	\$100.00
government the contract is with:		Executive	Legislative	<u></u>	l'es	INO	1			1

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Cotton	Jon				Cash Money	y Order Personal Credit/De		1209		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
541 Albany Tpke		Canton			СТ	06059	0	3/24/201	0	
Principal Occupation Prop Mgr		Name of Er Reliable	nployer Management			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No		utor a lobbyis child of a lob es		Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Dadario	First Name Alejandro			MI	Cash	contribution: X Personal 0 y Order Credit/De		Contribution 1210	on ID#	Amount of Contribution
Residential Street Address 1296 State St		City New Hav	en		State CT	Zip Code 06511		ate Received		
Principal Occupation Salesman		Name of Er DiMorfio			•	Is this contribution associating event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob 'es	-	Aggre	egate Contribu	utions \$5.00	\$5.00
Last Name DelFranco	First Name Robert			MI B	Cash	contribution: Personal 0 y Order Credit/De		Contribution 1212	on ID#	Amount of Contribution
Residential Street Address 9 Bradley Corners Rd		City Madison			State CT	Zip Code 06443		ate Received		
Principal Occupation Equipment Director		Name of Er East Hav	nployer ven Landscape Produ	cts	•	Is this contribution associating event listed in If yes, list Event #		^{11?} -	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob es	-	Aggre	gate Contribu	utions \$10.00	\$10.00
Last Name DeMartino	First Name Barbara			MI	Cash	contribution: X Personal 0 y Order Credit/De		Contribution 1213	on ID#	Amount of Contribution
Residential Street Address 70 Tri Mountain Rd Principal Occupation		City Durham Name of Er	mnlover		State CT	Zip Code 06422 Is this contribution assoc	0	ate Received 3/24/201	0	
Sales		l	quipment	,		fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	Executive	Yes No Legislative		utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions \$50.00	\$50.00

		I. M	IONETARY RI	ECEIPT	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Ite	emized Contribut	tions fron	n Individu	uals		•		
Last Name	First Name			MI	Method of	contribution:		Contribution	ı ID#	Amount of
Demartino	William			А	Cash Money	y Order X Personal Credit/De		1214		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
28 Four Rd Road		Kensingto	on		СТ	06037	0	3/24/2010		
Principal Occupation Self		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes		Aggre	egate Contributi	ions \$5.00	\$5.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contribution	ı ID#	Amount of
Duszynska	Agnieska				Cash Money	y Order Personal Credit/De		1215	115 "	Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
42 B Kondracki Ln		Wallingfo	rd		СТ	06492	0	3/24/2010		
Principal Occupation		Name of En	nployer		•	Is this contribution assoc			Yes	
Bookkeeper		Q River I	Land and Lawn Care	e 		fundraising event listed is If yes, list Event #	n Section J		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes	-	Aggre	egate Contributi \$10	ions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contribution	ı ID#	Amount of
Royea	Justin				Cash Money	y Order		1244		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
42 B Kondracki Ln		Wallingfo	rd		СТ	06492	0	3/24/2010		
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed is			Yes	
Owner		Q River I	Land and Lawn Care	е		If yes, list Event #			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No	dependen	outor a lobbyis t child of a lob	obyist?	Aggre	egate Contributi \$10	ions 00.00	\$100.00
government the contract is with:		Executive	Legislative	<u> </u>	Yes 📙	No				
Last Name Effren	First Name Jackie			MI	Cash	contribution: Personal of the property of the		Contribution	n ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
182 Rowayton Woods Dr		Norwalk			CT	06854		3/24/2010		
Principal Occupation		Name of En	nployer		•	Is this contribution assoc			Yes	
Program Coordinator, Norwalk Mentor Program		Human S	Services Council			fundraising event listed in If yes, list Event #	n Section J	J1?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No	dependen	outor a lobbyis t child of a lob	obyist?	Aggre	egate Contributi \$2	ions 25.00	\$25.00
government the contract is with:	Ш	Executive	Legislative		Yes	No				

		I. MONETA	ARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized C	ontributio	ons from	Individu	ıals				
Last Name Effren	First Name Jerry			MI L	Cash	contribution: X Personal (y Order Credit/De		Contribution	n ID#	Amount of Contribution
Residential Street Address 85 Old Saugatuck Rd		City Norwalk			State CT	Zip Code 06855		ate Received 3/24/2010		
Principal Occupation Real Estate Developer		Name of Employer Self				Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	No ative	dependent	utor a lobbyis child of a lob es		Aggreg	gate Contribut \$1	ions 00.00	\$100.00
Last Name Effren	First Name Sandra			MI	Cash	contribution: X Personal of the property of t		Contribution	n ID#	Amount of Contribution
Residential Street Address 85 Old Saugatauck Rd		City Norwalk			State CT	Zip Code 06855		ate Received 3/24/2010		
Principal Occupation Real Estate Developer		Name of Employer Self				Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	☐ No	dependent	utor a lobbyis child of a lob es		Aggreg	gate Contribut \$1	ions 00.00	\$100.00
Last Name Gallagher	First Name Andrew			MI J	Cash	contribution: X Personal (y Order Credit/De		Contribution	n ID#	Amount of Contribution
Residential Street Address 24 Pocono Rd		City Newtown			State CT	Zip Code 06470		ate Received 3/24/2010		
Principal Occupation Police Officer		Name of Employer City of Stamford				Is this contribution assoc fundraising event listed in If yes, list Event #		1? 브	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	☐ No	dependent	utor a lobbyis child of a lob es		Aggreg	gate Contribut \$	ions 75.00	\$75.00
Last Name Golec	First Name Terri			MI	Cash	contribution: X Personal of the description of the		Contribution	n ID#	Amount of Contribution
Residential Street Address 118 Huckleberry Ln		City Southington			State CT	Zip Code 06489		ate Received 3/24/2010		
Principal Occupation Manager		Name of Employer Apple Rehab				Is this contribution assoc fundraising event listed in If yes, list Event #		1? H	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	□ No ative	dependent	utor a lobbyis child of a lob		Aggreg	gate Contribut \$1	ions 00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Fedele 2010							Origin	al 04/12/2010		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name LaSala	First Name Diane		MI	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	1 1224	tion ID#	Amount of Contribution		
Residential Street Address 41 Ruscoe Rd		City Wilton		State CT	Zip Code 06897-1425	Date Receive 03/24/202				
Principal Occupation Director of Development		Name of Employer Summerview Delevopment (LLC	Group		Is this contribution associate fundraising event listed in the second of the second second in the second sec	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contril	outions \$100.00	\$100.00		
Last Name Lewis	First Name Kenneth		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	I 1226	tion ID#	Amount of Contribution		
Residential Street Address 727 Pendelton Rd		City North Stonington		State CT	Zip Code 06359	Date Receive 03/24/202				
Principal Occupation Nursing Home Administrator		Name of Employer Apple Health Care			Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contri	outions \$100.00	\$100.00		
Last Name Minicuccu	First Name Stephanie	e	MI	Cash	contribution: X Personal Ch y Order Credit/Debi	1227	tion ID#	Amount of Contribution		
Residential Street Address 2 N Main St		City Wallingford		State CT	Zip Code 06492	Date Receive 03/24/20:				
Principal Occupation Store Manager		Name of Employer TD Bank		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contril	\$10.00	\$10.00		
Last Name Moccia	First Name Barbara		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	1228	tion ID#	Amount of Contribution		
Residential Street Address 81 Westport Ave # A-7		City Norwalk		State CT	Zip Code 06857	Date Receive 03/24/202				
Principal Occupation RN		Name of Employer Norwalk Hospital			Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	outions \$100.00	\$100.00		

		I. MONETA	RY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILINC	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. Itemized Co	ontributio	ons from	Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contribution	ID#	Amount of
Nason	David			J	Cash Money	=	nal Check /Debit Card	1230		Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
28 Lee Ave		Wallingford			СТ	06492	0	3/24/2010		
Principal Occupation Printer		Name of Employer Canneen Company			•	Is this contribution ass fundraising event liste If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	☐ No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contributio	ons 5.00	\$5.00
Last Name	First Name			MI	Method of	contribution:		Contribution	ID#	Amount of
Nason	Pamela			J	Cash Money	=	nal Check /Debit Card	1231	. 12	Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
28 Lee Ave		Wallingford			СТ	06492	0	3/24/2010		
Principal Occupation		Name of Employer				Is this contribution ass fundraising event liste			Yes	
Sales		Chefs Equipment		_		If yes, list Event #	ed in Section .	,,,, <u> </u>	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	☐ No	dependent	utor a lobbyis child of a lob es	-	Aggre	egate Contributio	ons \$5.00	\$5.00
Last Name	First Name			MI	Method of	contribution:		Contribution	ID#	Amount of
Obyrne	Timothy				Cash Money	=	al Check Debit Card	1232		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
75 Seiter Hill Rd		Wallingford			СТ	06492	0	3/24/2010		
Principal Occupation		Name of Employer				Is this contribution ass fundraising event liste		J1? 브	Yes	
Landscaper		A. River				If yes, list Event #			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		No	dependent	utor a lobbyis	byist?	Aggre	egate Contributio	ons 35.00	\$35.00
government the contract is with:	<u> </u>	Executive Legisla	tive	Y	es 📙	No		1		
Last Name Oros-Curi	First Name Melquiade	es		MI	Cash	=	nal Check	Contribution 1234	ID#	Amount of Contribution
					Money	Order Credit	Debit Card	1		
Residential Street Address 205 Washington St		City Wallingford			State CT	Zip Code 06492		Date Received 03/24/2010		
Principal Occupation		Name of Employer			•	Is this contribution ass			Yes	
Painter		Self				fundraising event liste If yes, list Event #	ed in Section .	J1?	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes	No		utor a lobbyis child of a lob	-	Aggre	egate Contributio		,
Is yes, indicate which branch or branches of government the contract is with:		Executive Legisla	tive	Y	es 🗌	No		\$	5.00	\$5.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Pelouze	Stephanie	2			Cash Money	y Order X Personal C		1235		Contribution
Residential Street Address		City		•	State	Zip Code	Е	ate Received		
18 Agawam Dr		Cromwell	1		СТ	06416	0	3/24/2010)	
Principal Occupation Manager		Name of Er			•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
To contain the state of the sta				1, ,,	utor a lobbyis	·	1			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	child of a lob	byist?	Aggre	egate Contribu \$1	.00.00	\$100.00
Last Name	First Name			MI		contribution:	<u> </u>	Contributio	ID #	
Preston	Andrea			WII	Cash	Personal C		1237	on ID#	Amount of Contribution
Residential Street Address		City		1	State	Zip Code	Е	Date Received		
225 Mill Rd		North Ha	ven		СТ	06473	0	3/24/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Administrator		St. Raph	eals			fundraising event listed in If yes, list Event #	Section .		No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes	-	Aggre	egate Contribu	itions 510.00	\$10.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Preston	Andrew				Cash Money	y Order Personal C		1238		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
225 Mill Rd		North Ha	ven		СТ	06473	0	3/24/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Store Owner		Wally Wi	ine			If yes, list Event #	. Decilon		No	
Is contributor a principal of a state contractor of	or prospective	1	Yes No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	obyist? No		-	10.00	\$10.00
government the contract is with: Last Name	First Name	Z.Keeun ve	Zegistative	MI	I	contribution:	<u> </u>		TD //	
Preston	Douglas			WII	Cash	y Order Personal C		Contribution 1239	on ID #	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	Е	Date Received		
225 Mill Rd		North Ha	ven		СТ	06473	0	3/24/2010)	
Principal Occupation		Name of En	mployer		-	Is this contribution associ			Yes	
Sales		Hartley				fundraising event listed in If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor of	or prospective		Yes No		utor a lobbyis	-	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob Yes	-		\$	10.00	\$10.00
government the contract is with:	ш	Executive	Legisiative	Т П,		INO	1			

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Preston, Jr	First Name Douglas		MI M	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 1240	ution ID#	Amount of Contribution
Residential Street Address 225 Mill Rd		City North Haven		State CT	Zip Code 06473	Date Receiv 03/24/20		
Principal Occupation Self		Name of Employer Wine Chef		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Contr	\$10.00	\$10.00
Last Name Provenzano	First Name William		MI	Cash	contribution: Personal Cl y Order Credit/Debi	neck 1241	ution ID#	Amount of Contribution
Residential Street Address 16 Stamford Ln		City North Haven		State CT	Zip Code 06973	Date Receiv 03/24/20		
Principal Occupation Sales		Name of Employer Sports Authority		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	ibutions \$10.00	\$10.00
Last Name Rotondo, Jr.	First Name Joyce		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 1242	ution ID#	Amount of Contribution
Residential Street Address 33 Cottontail Ln		City North Haven		State CT	Zip Code 06473	Date Receiv 03/24/20		
Principal Occupation RN		Name of Employer Retired			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Contr	\$5.00	\$5.00
Last Name Rotondo, Jr.	First Name Louise		MI E	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1243	ution ID#	Amount of Contribution
Residential Street Address 33 Cottontail Ln		City North Haven		State CT	Zip Code 06473	Date Receiv 03/24/20		
Principal Occupation Draftsman		Name of Employer Chefs Equipment		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$5.00	\$5.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Sanchez	First Name Mark		MI E	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 12	ntribution ID#	Amount of Contribution
Residential Street Address 401 Summer Hill Dr		City South Windsor		State CT	Zip Code 06074	Date Re		
Principal Occupation Sales		Name of Employer Chefs Equipment			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate C	Contributions \$5.00	\$5.00
Last Name Sapiente	First Name Nadine		MI L	Cash	contribution: X Personal Characteristics (Credit/Debi	neck 12	ntribution ID#	Amount of Contribution
Residential Street Address 6 Old Village Cir		City Wallingford		State CT	Zip Code 06495	Date Re		
Principal Occupation Secretary		Name of Employer CRN Internationl		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate C	Contributions \$10.00	\$10.00
Last Name Schroder	First Name Heather		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 12	ntribution ID#	Amount of Contribution
Residential Street Address 16 Ann St Unit 24		City South Norwalk		State CT	Zip Code 06854	Date Re		
Principal Occupation Attorney		Name of Employer ATMI, Inc.			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate C	Contributions \$25.00	\$25.00
Last Name Scirpo	First Name Kathleen		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 12	ntribution ID#	Amount of Contribution
Residential Street Address 2155 S Main Street Ext .		City Middletown		State CT	Zip Code 06457	Date Re	eceived -/2010	
Principal Occupation Owner		Name of Employer Middlesex Livestock Auction			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Skidgell	First Name Donna		MI	Cash	contribution: Personal Cl y Order Credit/Debi	heck 1250	ution ID#	Amount of Contribution
Residential Street Address 58 Palmer Dr		City Wethersfield		State CT	Zip Code 06109	Date Receiv 03/24/20		
Principal Occupation Housewife		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Contr	\$10.00	\$10.00
Last Name Skidgell	First Name William		MI	Cash	contribution: Personal Cl y Order Credit/Debi	heck 1251	ution ID#	Amount of Contribution
Residential Street Address 58 Palmer Dr		City Wethersfield		State CT	Zip Code 06109	Date Receiv 03/24/20		
Principal Occupation Self		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	ibutions \$10.00	\$10.00
Last Name Sobkowiak	First Name Aimee		MI L	Cash	contribution: X Personal Cl	heck 1252	ution ID#	Amount of Contribution
Residential Street Address 58 Button St		City Meriden		State CT	Zip Code 06450	Date Receiv 03/24/20		
Principal Occupation Chemist		Name of Employer Sun Products			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Contr	\$10.00	\$10.00
Last Name Sobkowiak	First Name Scott		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1253	ution ID#	Amount of Contribution
Residential Street Address 58 Button St		City Meriden		State CT	Zip Code 06450	Date Receiv 03/24/20		
Principal Occupation Chemist		Name of Employer Complete Env. Testing		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$10.00	\$10.00

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origina	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name Tobin	First Name John			MI E	Cash	contribution: X Personal C y Order Credit/Del		Contribution	n ID#	Amount of Contribution
Residential Street Address 16 Lorena St	City Norwalk				State CT	Zip Code 06855		Date Received 03/24/2010		
Principal Occupation President		Name of Er Bishop G			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependen	outor a lobbyis t child of a lob Yes	-	Aggre	egate Contribut \$:	ions 50.00	\$50.00
Last Name Vieux	First Name Suzanne			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution 1255	n ID#	Amount of Contribution
Residential Street Address 315 Bennetts Farm		City Ridgefield	d		State CT	Zip Code 06877		Date Received		
Principal Occupation Attorney		Name of Er State of				Is this contribution associ- fundraising event listed in If yes, list Event #		_{J1?} 📙	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes	-	Aggre	egate Contribut \$1	ions 00.00	\$100.00
Last Name Wilson	First Name Barry			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution	n ID#	Amount of Contribution
Residential Street Address 245 Nod Rd		City Avon			State CT	Zip Code 06001-3816		Date Received		
Principal Occupation Manager		Name of En Blue Fox	nployer Enterprises			Is this contribution associ fundraising event listed in If yes, list Event #		J1? 💾	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes	, I ,	Aggre	egate Contribut \$10	ions 00.00	\$100.00
Last Name Wirth	First Name Frederick			MI	Cash	contribution: X Personal C		Contribution 1257	n ID#	Amount of Contribution
Residential Street Address 230 New Canaan Ave # 21		City Norwalk			State CT	Zip Code 06850		Date Received 03/24/2010		
Principal Occupation CFO		Name of Er Charkit (nployer Chemical Corp		•	Is this contribution associ- fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribut \$10	ions 00.00	\$100.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals			
Last Name Quinn	First Name Kevin		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1258	bution ID#	Amount of Contribution
Residential Street Address 131 Soundview Ct		City Stamford		State CT	Zip Code 06902	Date Rece 03/24/2		
Principal Occupation Broker		Name of Employer ILG Capitol		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Alden	First Name George		MI	x Cash	contribution: Personal Cl y Order Credit/Deb	heck 1259	bution ID#	Amount of Contribution
Residential Street Address 64 Stonehouse Rd		City Amston		State CT	Zip Code 06231	Date Rece 03/25/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Con	tributions \$20.00	\$20.00
Last Name Bellete	First Name Goitom		MI	Cash	contribution: X Personal Cl	heck 1260	bution ID #	Amount of Contribution
Residential Street Address 967 Newfield Ave		City Stamford		State CT	Zip Code 06905	Date Rece 03/25/2		
Principal Occupation Retired		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Carstens	First Name Daniel		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1261	bution ID#	Amount of Contribution
Residential Street Address 11 Aquioneck Trl		City Old Saybrook		State CT	Zip Code 06476-1802	Date Rece 03/25/2		
Principal Occupation Reporter		Name of Employer Airport News		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Con	tributions \$50.00	\$50.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ions from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
CAVALLO	VICTOR				Cash Money	Personal C V Order X Credit/De		1262		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
184 Atlantic St		Stamford	l		СТ	06901	0	3/25/2010)	
Principal Occupation ATTORNEY		Name of Er SELF	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Coutu	Neringa				Cash Money	y Order X Personal C		1263		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
38 Hooper St # 18		Norwich			СТ	06360	0	3/25/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Manager		Reliance	House			fundraising event listed in If yes, list Event #	1 Section .		No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	-	Aggre	egate Contribu \$1	tions .00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Davis	Linda				Cash Money	y Order Registration Residue (Credit/De		1264		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
8 Hurlbutt Rd		Gales Fer	ту		СТ	06335-1417	0	3/25/2010)	
Principal Occupation Real Estate Broker		Name of Er			•	Is this contribution associ fundraising event listed in		J1?	Yes No	
				-		If yes, list Event #	,] 110	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes	-	Aggre	egate Contribu \$1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Fries	Thomas				Cash Money	y Order X Personal C		1265		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
65 Ridgenoll Rd		Wallingfo	rd		СТ	06492	0	3/25/2010)	
Principal Occupation		Name of Er	mployer		-	Is this contribution associ			Yes	
Land Surveyor		Telecom				fundraising event listed in If yes, list Event #	section.		No	
Is contributor a principal of a state contractor of	or prospective		Yes No		utor a lobbyis	-	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob Yes	-		\$	10.00	\$10.00
government the contract is with:		LACCUNVE	Legisiative	'	. 00	110				L

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name HASLAN	First Name ROBERT		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1266	ution ID#	Amount of Contribution
Residential Street Address 28 Douglas Dr		City Norwalk		State CT	Zip Code 06850	Date Receiv 03/25/20		
Principal Occupation CORP COUNSEL		Name of Employer CITY OF NORWALK		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	\$100.00	\$100.00
Last Name HEMPSTEAD	First Name DOUGLAS		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1267	ution ID#	Amount of Contribution
Residential Street Address 116 Chestnut Hill Rd		City Norwalk		State CT	Zip Code 06854	Date Receiv 03/25/20		
Principal Occupation VP		Name of Employer STEW LEONARDS			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Karayiannis	First Name George		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1268	ution ID#	Amount of Contribution
Residential Street Address 2 Meredith Ln		City Stamford		State CT	Zip Code 06903	Date Receiv 03/25/20		
Principal Occupation Owner		Name of Employer Pine Hill Deli		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Karwoski	First Name Lisa		MI M	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 1269	ution ID#	Amount of Contribution
Residential Street Address 44 Arden Ln		City Stamford		State CT	Zip Code 06905	Date Receiv 03/25/20		
Principal Occupation Registrar of Voters officer		Name of Employer City of Stamford			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)		_	
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals		-	
Last Name KATZ	First Name MARK		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1270	tion ID#	Amount of Contribution
Residential Street Address 196 North St		City Stamford		State CT	Zip Code 06902	Date Receive		
Principal Occupation ATTORNEY		Name of Employer SELF		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Contri	butions \$100.00	\$100.00
Last Name LaTour	First Name Harold		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1271	tion ID#	Amount of Contribution
Residential Street Address 146 Scotland Rd		City Sprague		State CT	Zip Code 06330	Date Receive 03/25/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Contri	butions \$25.00	\$25.00
Last Name LaTour	First Name Kathleen		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 1272	ition ID#	Amount of Contribution
Residential Street Address 146 Scotland Rd		City Sprague		State CT	Zip Code 06330	Date Receive 03/25/20		
Principal Occupation Retired		Name of Employer			Is this contribution associated fundraising event listed in the state of the state	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contri	butions \$10.00	\$10.00
Last Name Pauze	First Name Kenneth		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1273	tion ID#	Amount of Contribution
Residential Street Address 35 Abbott Rd		City Ellington		State CT	Zip Code 06029	Date Receive 03/25/20		
Principal Occupation Assistant General Manager		Name of Employer Kofkopf Egg Farm			Is this contribution associal fundraising event listed in the second of the second second in the second sec	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Contri	butions \$100.00	\$100.00

	I. MONETARY	RECEIPTS (Section	on A-I)			
NAME OF COMMITTEE					FILING	G DUE DATE
Fedele 2010					Origina	al 04/12/2010
	B. Itemized Contri	ibutions from Individ	uals			
Last Name First N	ame	MI Method of	contribution:	Contribution	on ID#	Amount of
PETRUCCI TON:		Cash Mone	Personal C y Order X Credit/Deb	1274		Contribution
Residential Street Address	City	State	Zip Code	Date Received		
210 Honeycomb Ln	Milford	СТ	06461	03/25/2010)	
Principal Occupation RETAIL MANAGER	Name of Employer NORWALK HOSPITAL	·	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor or prosp state contractor? Is yes, indicate which branch or branches of government the contract is with:	ective Yes N	dependent child of a lol	-	Aggregate Contribu	ntions	\$100.00
Last Name First N Philippopoulos John	ame	Cash	contribution: Personal C y Order Credit/Deb	I 1275	on ID#	Amount of Contribution
Residential Street Address 1355 Long Ridge Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/25/2010	0	
Principal Occupation Owner	Name of Employer Summer Street Deli	•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor or prosp state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes N Executive Legislative	dependent child of a lol	-	Aggregate Contribu	utions	\$100.00
Last Name First N Philippopoulos Paula		Cash	contribution: X Personal C y Order Credit/Deb	 1276	on ID#	Amount of Contribution
Residential Street Address 1355 Long Ridge Rd	City Stamford	State CT	Zip Code 06903	Date Received 03/25/2010		
Principal Occupation Owner	Name of Employer Summer Street Deli		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor or prosp state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes N Executive Legislative	dependent child of a lol	-	Aggregate Contribu	itions	\$100.00
Last Name First N Reed Robe		P Cash	contribution: X Personal C by Order	1277	on ID #	Amount of Contribution
Residential Street Address 36 Otis St	City Norwich	State CT	Zip Code 06360	Date Received 03/25/2010		
Principal Occupation Manager	Name of Employer VichInc	•	Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor or prosp state contractor? Is yes, indicate which branch or branches of government the contract is with:	ective Yes N Executive Legislative	dependent child of a lol	-	Aggregate Contribu	utions	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Fedele 2010									Origin	al 04/12/2010	
		B. Item	ized Contributio	ons from	Individu	ıals					
Last Name Seder	First Name Edward			MI J	Cash	contribution: X Personal C		Contribution 1280	on ID#	Amount of Contribution	
Residential Street Address 69 Sherwood Ln		City Norwich			State CT	Zip Code 06360-5251		ate Received 3/25/201			
Principal Occupation Retired		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	child of a lob		Aggre	gate Contribu	utions 100.00	\$100.00	
Last Name Slopak	First Name Dianne			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 1282	on ID#	Amount of Contribution	
Residential Street Address 8 N 2nd Ave		City Taftville			State CT	Zip Code 06380-1408		ate Received 3/25/201			
Principal Occupation Clerk		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob es	-	Aggre	gate Contribu	ations \$25.00	\$25.00	
Last Name Weingart Jr.	First Name Herman			MI R	Cash	contribution: X Personal C		Contribution 1287	on ID#	Amount of Contribution	
Residential Street Address 446 Lebanon Rd		City North Frank	lin		State CT	Zip Code 06254-1613		ate Received			
Principal Occupation Retired		Name of Emplo	oyer	_	•	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	child of a lob	-	Aggre	gate Contribu	ations \$25.00	\$25.00	
Last Name Siragusa	First Name Anthony			MI	x Cash	contribution: Personal C y Order Credit/De		Contribution 1281	on ID#	Amount of Contribution	
Residential Street Address 39 Hillcrest Dr		City Uncasville			State CT	Zip Code 06382		ate Received 3/25/201			
Principal Occupation Retired		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	ations \$20.00	\$20.00	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Sprecace	First Name Adam		MI	Cash	contribution: X Personal Cl	neck 1283	bution ID #	Amount of Contribution
Residential Street Address 125 Gardner Ave		City New London		State Zip Code CT 06320			ived 1010	
Principal Occupation Engineer		Name of Employer Electric Boat		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	tributions \$30.00	\$30.00
Last Name Sullivan	First Name Sean		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1284	bution ID#	Amount of Contribution
Residential Street Address 159 Military Hwy		City Gales Ferry		State CT	Zip Code 06335	Date Rece 03/25/2		
Principal Occupation Attorney	pation Name of Employer Brown Jacobson				Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	stributions \$100.00	\$100.00
Last Name Sullivan	First Name Sharon		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1285	bution ID #	Amount of Contribution
Residential Street Address 159 Military Hwy		City Gales Ferry		State CT	Zip Code 06335	Date Rece 03/25/2		
Principal Occupation Teacher		Name of Employer Ledyard BOE			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Con	\$100.00	\$100.00
Last Name Reed	First Name W. Creigh	iton	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1278	bution ID#	Amount of Contribution
Residential Street Address 124 Putnam Park		City Greenwich		State CT	Zip Code 06830	Date Rece 03/25/2		
Principal Occupation retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Fedele 2010							Origin	al 04/12/2010			
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name Rodolico	First Name John		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1279	ition ID#	Amount of Contribution			
Residential Street Address 4 Baron Ct		City Gales Ferry		State CT	Zip Code 06335	Date Receive 03/25/20					
Principal Occupation Engineer		Name of Employer Electric Boat Corporation			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$20.00	\$20.00			
Last Name Vachris	First Name Brian		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1286	tion ID#	Amount of Contribution			
Residential Street Address 27 Soljer Dr		City Waterford		State CT	Zip Code 06385	Date Receive 03/25/20					
Principal Occupation		Name of Employer Unemployed		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contri	butions \$10.00	\$10.00			
Last Name Weiner	First Name Glenn		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1288	tion ID#	Amount of Contribution			
Residential Street Address 18 Andrea Dr		City North Caldwell		State NJ	Zip Code 07006	Date Receive 03/26/20					
Principal Occupation Sales		Name of Employer Synnex Corporation			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Contri	butions \$100.00	\$100.00			
Last Name Guerrieri	First Name Amy		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1289	ition ID#	Amount of Contribution			
Residential Street Address 17 Saint Claire Ave		City Old Greenwich		State CT	Zip Code 06870	Date Receive 03/27/20					
Principal Occupation Owner		Name of Employer Rockin Water	_	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contri	butions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Fedele 2010									Origin	al 04/12/2010	
		B. It	emized Contribut	ions fron	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Guerrieri, Jr.	Robert				Cash Money	Cash Personal Check Money Order X Credit/Debit Card				Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
17 Saint Claire Ave		Old Gree	nwich		СТ	06870	0	3/27/2010)		
Principal Occupation Owner		Name of Er Upper Ci	nployer rust Bagel			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	gate Contribu	tions 00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	-	Contributio	n ID#	Amount of	
Pomponi	Bonnie &	Jeff			Cash Money	Personal C V Order X Credit/De		1291		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
10 Senga Rd		Norwalk			СТ	06854	0	3/28/2010)		
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes		
Unemployed		Unemplo	oyea			If yes, list Event #			No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	-	Aggre	gate Contribu	tions 50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of	
Costello	Timothy			М	Cash Money	y Order Personal C		1293		Contribution	
Residential Street Address		City			State	Zip Code		ate Received			
90 Fawnfield Rd		Stamford	<u> </u>		СТ	06903-3726	0	3/29/2010)		
Principal Occupation		Name of Er Self	mployer			Is this contribution associ fundraising event listed in		J1?			
Attorney		Sell				If yes, list Event #		L	No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No		outor a lobbyis t child of a lob		Aggre	gate Contribu	tions .00.00	\$100.00	
government the contract is with:		Executive	Legislative		res	No		•			
Last Name FERRAJINA	First Name ROCCO			MI	Cash	contribution:		Contributio	on ID#	Amount of Contribution	
		ī			 	y Order X Credit/De		ļ			
Residential Street Address 31 Elaine Dr		City Stamford	l		State CT	Zip Code 06902		ate Received 3/29/2010)		
Principal Occupation		Name of Er	mplover		ļ	Is this contribution associ	iated with	a	Yes	İ	
BROKER		FIS	. ·v·			fundraising event listed in If yes, list Event #		J1?	No No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	•	Yes No		outor a lobbyis t child of a lob	byist?	Aggre	gate Contribu	tions	\$100.00	
government the contract is with:		Executive	Legislative		res	No	1			+===	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Fedele 2010									Origin	al 04/12/2010	
		B. It	emized Contributi	ons fron	ı Individu	ıals		•			
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Gallo	Paul				Cash Money	Personal y Order X Credit/Do		1296		Contribution	
Residential Street Address		City			State	Zip Code		ate Received			
30 Woodstock St		Yonkers			NY	10701		3/29/2010)		
Principal Occupation		Name of Er	mployer		-	Is this contribution assoc	iated with	a \square	Yes	İ	
consultant		self				fundraising event listed i If yes, list Event #	n Section .		No		
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribut	tions		
state contractor? Is yes, indicate which branch or branches of				I —	child of a lob	-	1.55.	-	00.00	\$100.00	
government the contract is with:		Executive	Legislative	<u> </u>	es	No					
Last Name Golden	First Name John			MI A	Method of Cash	contribution:	Check	Contributio	n ID#	Amount of	
Golden	John			A		y Order Credit/De		1297		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
39 Olivers Cove Ln		Watermil	I		NY	11976	0	3/29/2010	1		
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed it			Yes		
Finance						If yes, list Event #	ii Section :		No		
Is contributor a principal of a state contractor	or prospective	•	Yes No		utor a lobbyis	-	Aggre	gate Contribut	tions		
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	obyist? No		\$1	00.00	\$100.00	
government the contract is with:	le or	Executive	Legislative	+ -				1			
Last Name Kempner	First Name Betsy			MI	Cash	contribution: X Personal	Check	Contribution	n ID#	Amount of Contribution	
	,	,			Money	y Order Credit/De	ebit Card	1299			
Residential Street Address		City			State	Zip Code		ate Received			
60 Ridge Brook Dr		Stamford	<u> </u>		СТ	06903		3/29/2010			
Principal Occupation		Name of Er	mployer			Is this contribution assoc fundraising event listed i		_{11?}			
Retired						If yes, list Event #		L	No		
Is contributor a principal of a state contractor	or prospective		Yes No		utor a lobbyis		Aggre	gate Contribut	tions	İ	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	I —	child of a lob	byist? No		\$1	00.00	\$100.00	
government the contract is with:	I Firmt Manna	Executive	Legislative	+ -				1		<u> </u>	
Last Name Latorraca	First Name Adam			MI	Cash	contribution: Personal	Check	Contribution	n ID#	Amount of Contribution	
					Money	y Order X Credit/De	ebit Card	1300			
Residential Street Address		City			State	Zip Code		ate Received			
31 Erickson Dr		Stamford	<u> </u>		СТ	06903		3/29/2010			
Principal Occupation		Name of Er	mployer			Is this contribution assoc fundraising event listed i			Yes		
Student		Student				If yes, list Event #		L	No		
Is contributor a principal of a state contractor	or prospective	•	Yes No		utor a lobbyis	-	Aggre	gate Contribut	tions	İ	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob Yes	•		\$1	00.00	\$100.00	
government the contract is with:		LACCULIVE	Legisiative	<u> </u>		110				<u>j</u>	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals		_	
Last Name Latorraca	First Name JoAnn		MI	Cash	contribution: X Personal Cl	heck 1301	oution ID#	Amount of Contribution
Residential Street Address 31 Erickson Dr		City Stamford		State CT	Zip Code 06903	Date Recei		
Principal Occupation Bqt Mgr		Name of Employer Giovanni's II		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Latorraca	First Name Salvatore		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1302	oution ID#	Amount of Contribution
Residential Street Address 31 Erickson Dr		City Stamford		State CT	Zip Code 06903	Date Recei		
Principal Occupation Gen Mgr		Name of Employer Giovanni's II			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	tributions \$100.00	\$100.00
Last Name Maranelli	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1303	oution ID #	Amount of Contribution
Residential Street Address 159 Hubbard Ave		City Stamford		State CT	Zip Code 06905	Date Recei		
Principal Occupation Manager		Name of Employer United Refigerator			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Con	\$100.00	\$100.00
Last Name Mastoloni, Jr.	First Name Raymond		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1304	oution ID#	Amount of Contribution
Residential Street Address 246 Dundee Rd		City Stamford		State CT	Zip Code 06903	Date Recei		
Principal Occupation VP Sales		Name of Employer Mastoloni Pearls		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Con	tributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Mattey Mastoloni	Kirsten				Cash Money	y Order X Personal Credit/De		1306		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
246 Dundee Rd		Stamford	l		СТ	06903	0	3/29/2010)	
Principal Occupation Homemaker		Name of Er	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob	obyist?	Aggre	gate Contribut \$1	tions .00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	A
Mathews	Edward			Т	Cash	x Personal y Order Credit/De		1305	ш 1D #	Amount of Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
PO Box 4483 955A Heritage Villa	ge	Stamford	1		СТ	06907-0483	0	3/29/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
Retired		Not Appl	icable	_		fundraising event listed i If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependen	outor a lobbyis t child of a lob Yes	-	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
O'Toole	Paula			М	Cash Money	y Order		1307		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
85 Western Dr		Short Hill	s		NJ	07078	0	3/29/2010)	
Principal Occupation Homemaker		Name of En	mployer			Is this contribution assoc fundraising event listed i If yes, list Event #		_{11?}	Yes No	
				1			_			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No Legislative	dependen	outor a lobbyis t child of a lob Yes		Aggre	gate Contribut \$1	00.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Legislative	МІ		contribution:		1	"	
O'Toole	Terrence			M	Cash	y Order Personal Credit/De		Contribution	n ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
85 Western Dr		Short Hill	s		NJ	07078	0	3/29/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
Investor		Tinicum	Inc			fundraising event listed i If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes No		outor a lobbyis t child of a lob	-	Aggre	gate Contribut		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res	No		\$1	.00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Palavra	John				Cash Money	y Order X Personal C		1309		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
64 Greenwood Cir		Seymour			СТ	06483	0	3/29/2010)	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes	
Sales		Ace Enve	осо			fundraising event listed in If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 ~	t child of a lob Yes	,		\$	50.00	\$50.00
government the contract is with:	le: .x	Executive	Legislative	+ =				1		
Last Name Scrivano	First Name Eric			MI S	Cash	contribution: X Personal C	Check	Contributio	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	1310		
Residential Street Address		City			State	Zip Code		ate Received		
5 Tiffany Ct		East Ham	npton		СТ	06424	0	3/29/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Manager		Total Co	nsultants Inc			If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		\$	25.00	\$25.00
government the contract is with:		Executive	Legislative	+-		No		1		
Last Name SMERALDI	First Name ALEXAND	RA		MI	Method of Cash	contribution: Personal 0	Check	Contributio	on ID #	Amount of Contribution
STERVEDI	7122701172					y Order X Credit/De	bit Card	1311		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1258-11 Stillwater Ave		Stamford	1		СТ	06902	0	3/29/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
STUDENT		N/A				If yes, list Event #	i section .	,,,, <u> </u>	No	
Is contributor a principal of a state contractor	or prospective		Yes No	Is contrib	outor a lobbyis	it, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of			_	dependent	t child of a lob	bbyist?	1.55.0	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	<u> </u>	res	No		•		
Last Name	First Name			MI		contribution:	Ol1-	Contributio	on ID#	Amount of
Solomon	Lynn	_			Cash Money	y Order Personal C		1312		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
49 Round Hill Rd		Greenwic	ch		СТ	06831	0	3/29/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Homemaker						If yes, list Event #	. Decuoii .		No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes No	Is contrib	outor a lobbyis	it, spouse, or	Aggra	egate Contribu	itions	†
state contractor? Is yes, indicate which branch or branches of			_	dependent	t child of a lob	byist?	1.5510	-	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	\	/es	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Fedele 2010							Origin	al 04/12/2010		
		B. Itemized Contributi	ions fron	ı Individu	ıals		•			
Last Name Solomon	First Name Stephan		MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1313	ution ID#	Amount of Contribution		
Residential Street Address 49 Round Hill Rd		City Greenwich		State CT	Zip Code 06831	Date Receiv 03/29/20				
Principal Occupation Investment Banker		Name of Employer Solomon Investments		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate Conti	ibutions \$100.00	\$100.00		
Last Name Zolluccio	First Name Angela		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1314	ution ID#	Amount of Contribution		
Residential Street Address 24 Club Cir		City Stamford		State CT	Zip Code 06905	Date Receiv 03/29/20				
Principal Occupation Accountant		Name of Employer Self		•	Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contr	ibutions \$50.00	\$50.00		
Last Name Goldberg	First Name Roy		MI A	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1315	ution ID#	Amount of Contribution		
Residential Street Address 320 Strawberry Hill Ave # 49		City Stamford		State CT	Zip Code 06902	Date Receiv				
Principal Occupation Therapist		Name of Employer New Rochelle PT		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Conti	sibutions \$50.00	\$50.00		
Last Name Gunnip	First Name Dianne		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1316	ution ID#	Amount of Contribution		
Residential Street Address 45 Apple Valley Rd		City Stamford		State CT	Zip Code 06903	Date Receiv 03/29/20				
Principal Occupation Music Teacher		Name of Employer Self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Contr	ibutions \$100.00	\$100.00		

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Fedele 2010							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Henderson	First Name Kimberly		MI	Cash	contribution: X Personal Cl	heck 13:	ntribution ID #	Amount of Contribution
Residential Street Address 333 Webbs Hill Rd		City Stamford		State CT	Zip Code 06903	Date Red		
Principal Occupation Community Volunteer		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate C	contributions \$100.00	\$100.00
Last Name Mehan	First Name Jeffrey		MI L	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 13:	ntribution ID#	Amount of Contribution
Residential Street Address 333 Webbs Hill Rd		City Stamford		State CT	Zip Code 06903	Date Red 03/29,		
Principal Occupation Manager		Name of Employer TFS Derivatives Corp			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Co	Contributions \$100.00	\$100.00
Last Name Capone	First Name Joe & Brid	djay	MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 129	ntribution ID #	Amount of Contribution
Residential Street Address 31 Laurel Ledge Rd		City Stamford		State CT	Zip Code 06903	Date Red 03/29/		
Principal Occupation AAA Advantage Carting & Demolition Services LLC		Name of Employer Owner		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate C	contributions \$100.00	\$100.00
Last Name Jenkins	First Name William		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 129	ntribution ID #	Amount of Contribution
Residential Street Address 63 Ridge Rd		City Chaplin		State CT	Zip Code 06235	Date Rec 03/29,		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Co	Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILINC	DUE DATE
Fedele 2010								Origina	al 04/12/2010
	В.	Itemized Contributi	ons from	Individu	ıals				
Last Name First N	me		MI	Method of	contribution:		Contribution	ID#	Amount of
Coutu				Cash Money	x Personal C y Order Credit/Deb		1294		Contribution
Residential Street Address	City			State	Zip Code	Da	ate Received		
16 Yantic St .	Norwic	h		СТ	06360	0:	3/29/2010		
Principal Occupation State Rep	1	Employer of Connecticut		•	Is this contribution association fundraising event listed in		1?	Yes	
					If yes, list Event #			No	
Is contributor a principal of a state contractor or prosp state contractor? Is yes, indicate which branch or branches of		Yes No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contributio	ons 00.00	\$100.00
government the contract is with:	Executive	Legislative	 				1		
Last Name First N Curtiss Step			MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution 1320	ID#	Amount of Contribution
Residential Street Address	City			State	Zip Code		ate Received		
790 N River Rd	Covent	ry		СТ	06238	0:	3/30/2010		
Principal Occupation	Name of	Employer		•	Is this contribution associa			Yes	
Account Manager	Lifecyo	cle Management, LLC			fundraising event listed in If yes, list Event #	Section J	1?	No	
Is contributor a principal of a state contractor or prosp state contractor? Is yes, indicate which branch or branches of government the contract is with:	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes	-	Aggre	gate Contributio \$5	ons 50.00	\$50.00
Last Name First N	me		MI	Method of	contribution:		Contribution	ID#	Amount of
Laurie Mary				Cash Money	Personal C y Order X Credit/Deb		1322		Contribution
Residential Street Address	City			State	Zip Code	Da	ate Received		
62 Home Ct	Stamfo	rd		СТ	06902	03	3/30/2010		
Principal Occupation	1	Employer			Is this contribution association fundraising event listed in			Yes	
Information Systems	FitLinx	X			If yes, list Event #	Section 3	·	No	
Is contributor a principal of a state contractor or prosp	ctive	Yes No		utor a lobbyis	-	Aggreg	gate Contribution	ons	
state contractor? Is yes, indicate which branch or branches of government the contract is with:	Executive	Legislative		child of a lob	No		\$2	25.00	\$25.00
Last Name First N	me		MI		contribution:		Contribution	ID#	Amount of
Pappa Mark				Cash Money	y Order X Credit/Deb		1323		Contribution
Residential Street Address	City			State	Zip Code		ate Received		
105 Back Ln	Newing	iton		СТ	06111	0:	3/30/2010		
Principal Occupation Financial Rep / Tax Preparer	1	Employer gton Financial, LLC			Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prosp	ctive	Yes No		utor a lobbyis	-	Aggreg	gate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of government the contract is with:	Executive	Legislative	dependent	child of a lob	-		\$5	50.00	\$50.00
a erimient the contract to with.									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals		,		
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Bartlett	James				Cash Money	y Order X Credit/De		1319		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
22431-B160 Antonio Parkway, Su	ite 503	Rancho S	Santa Margarita		CA	92688	0	3/30/2010)	
Principal Occupation Sales		Name of Er	mployer echnologies, Inc.		•	Is this contribution assoc fundraising event listed in		J1?]]	
				•		If yes, list Event #			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No	dependent	utor a lobbyis child of a lob	obyist?	Aggre	gate Contribu \$2	ations 200.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+ =	res 🔲		<u> </u>	1		
Last Name Febbraio	First Name David			MI	Cash	contribution: Personal of X Credit/De		Contribution 1321	on ID#	Amount of Contribution
Residential Street Address	1	City		1	State	Zip Code		ate Received		
8 Sunny Ln		Sherman			СТ	06784	0	3/30/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
State Trooper		Retired				fundraising event listed is If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob Yes		Aggre	gate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Potolicchio	Frank & P	amela			Cash Money	y Order X Credit/De		1324		Contribution
Residential Street Address		City			State	Zip Code	1	ate Received		
110 Snow Crystal Ln		Stamford	<u> </u>		СТ	06905	0	3/30/2010)	
Principal Occupation		Name of Er CompHe				Is this contribution assoc fundraising event listed in		J1?	_	
Physician Recruiter		Comprie	ealtii			If yes, list Event#		L	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes No		utor a lobbyis		Aggre	gate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res 🔲	No		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
romano	doug				Cash Money	y Order X Credit/De		1325		Contribution
Residential Street Address		City			State	Zip Code	1	ate Received		
92 Newfield Dr		Stamford	<u> </u>		СТ	06905	0	3/30/2010)	
Principal Occupation Regional Sales Manager		Name of Er				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	l	Yes No		utor a lobbyis		Aggre	gate Contribu	itions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res	No	1		.00.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Alonso	First Name Jenielle		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 1326	ution ID#	Amount of Contribution
Residential Street Address 5 Mapleton Rd		City Princeton		State NJ	Zip Code 08540	Date Receiv 03/31/20		
Principal Occupation consultant		Name of Employer Jamestown Associates		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Conti	sibutions \$100.00	\$100.00
Last Name Arnau	First Name John		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1327	ution ID#	Amount of Contribution
Residential Street Address 95 Elaine Dr		City Stamford		State CT	Zip Code 06902-8313	Date Receiv 03/31/20		
Principal Occupation Sheet Metal		Name of Employer Heritage			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	\$50.00	\$50.00
Last Name Battinelli	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1328	ution ID#	Amount of Contribution
Residential Street Address 225 Culloden Rd		City Stamford		State CT	Zip Code 06906-2112	Date Receiv		
Principal Occupation Firefighter		Name of Employer City Of Stamford			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Conti	sibutions \$100.00	\$100.00
Last Name Boisi	First Name Geoffrey		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1329	ution ID#	Amount of Contribution
Residential Street Address 86 Piping Rock Rd		City Locust Valley		State NY	Zip Code 11560	Date Receiv 03/31/20		
Principal Occupation CEO		Name of Employer E-Round Table Investment P LLC	artners,	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	sibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Boisi	First Name Norine		MI	Cash	contribution: X Personal Cl	neck 1330	oution ID#	Amount of Contribution
Residential Street Address 86 Piping Rock Rd		City Locust Valley		State NY	Zip Code 11560	Date Recei 03/31/2		
Principal Occupation Homemaker		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	-	Aggregate Conf	ributions \$100.00	\$100.00
Last Name Cammisa	First Name Nancy		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1331	oution ID#	Amount of Contribution
Residential Street Address 21 Aunt Hack Rd		City Danbury		State CT	Zip Code 06811	Date Recei 03/31/2		
Principal Occupation CPA		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Chielinski	First Name Francis		MI	Cash	contribution: X Personal Cl	neck 1333	oution ID#	Amount of Contribution
Residential Street Address 1313 Mockingbird Ln		City Fairfield		State CT	Zip Code 06825	Date Recei 03/31/2		
Principal Occupation Salesman		Name of Employer New Coutny			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate Conf	ributions \$100.00	\$100.00
Last Name Conzo	First Name Denise		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1334	oution ID#	Amount of Contribution
Residential Street Address 1 Donna Dr		City Norwalk		State CT	Zip Code 06854	Date Recei 03/31/2		
Principal Occupation Loan Document Specialist		Name of Employer First County Bank			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Fedele 2010							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals		•	
Last Name Conzo	First Name		MI	Method of Cash	contribution:		ution ID#	Amount of Contribution
		Ī			y Order X Credit/Debi	t Card		-
Residential Street Address 1 Donna Dr		City Norwalk		State CT	Zip Code 06854	Date Receiv 03/31/20		
Principal Occupation Computer Technician		Name of Employer OdysseyRe			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Crotta Jr.	First Name David		MI J	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 1336	ution ID#	Amount of Contribution
Residential Street Address 154 Ardmore St		City Hamden		State CT	Zip Code 06517-1301	Date Receiv 03/31/20		
Principal Occupation Attorney		Name of Employer Self Employed			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Diemer	First Name Christian		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1337	ution ID#	Amount of Contribution
Residential Street Address 19 Mountaincrest Dr		City Cheshire		State CT	Zip Code 06410	Date Receiv 03/31/20		
Principal Occupation Director		Name of Employer H&T Waterbury			Is this contribution associate fundraising event listed in St. If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es		Aggregate Contr	ibutions \$50.00	\$50.00
Last Name Faughnan	First Name Jeanne		MI C	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debi	neck 1338	ution ID#	Amount of Contribution
Residential Street Address 7 Cowpen Rd		City West Haven		State CT	Zip Code 06516	Date Receiv 03/31/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$50.00	\$50.00

		I. MONETA	ARY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								F	FILING	DUE DATE
Fedele 2010								C	Origina	1 04/12/2010
		B. Itemized C	Contributio	ons from	Individu	ıals		<u>'</u>		
Last Name Faughnan	First Name Melissa			MI E	Cash	contribution: X Personal C		Contribution I	D#	Amount of Contribution
Residential Street Address 65 Perry Mill Dr		City West Haven			State CT	Zip Code 06516		ate Received		
Principal Occupation Recruiter		Name of Employer ADP		_		Is this contribution associ fundraising event listed in If yes, list Event #		I Y	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	No No lative	dependent	utor a lobbyis child of a lob es		Aggre	gate Contribution \$50	ns 0.00	\$50.00
Last Name Felago	First Name Brigette			MI	Cash	contribution: Personal (/ Order X Credit/De		Contribution I	D#	Amount of Contribution
Residential Street Address 2217 Ivan St # 1417		City Dallas			State TX	Zip Code 75201		ate Received 3/31/2010		
Principal Occupation Division Director		Name of Employer Robert Half Intern	ational		-	Is this contribution associ fundraising event listed in If yes, list Event #		I Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	☐ No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contribution \$25	ns 5.00	\$25.00
Last Name Gabriele	First Name Giovanni			MI	Cash	contribution: X Personal C		Contribution I	D#	Amount of Contribution
Residential Street Address 24 Lawrence Hill Rd		City Stamford			State CT	Zip Code 06903		ate Received		
Principal Occupation Self Employed		Name of Employer			-	Is this contribution associ fundraising event listed in If yes, list Event #		I Y	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	□ No	dependent	utor a lobbyis child of a lob es		Aggre	gate Contribution		\$100.00
Last Name HEISLER	First Name FRANK			MI	Cash	contribution: Personal () Order X Credit/De		Contribution I	D#	Amount of Contribution
Residential Street Address 59 Rising Ridge Rd		City Ridgefield			State CT	Zip Code 06877		ate Received 3/31/2010		
Principal Occupation Client Executive		Name of Employer Dell Perot Systems	5		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	☐ No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribution \$100		\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
heisler	lynn				Cash Money	y Order X Credit/De		1343		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
59 Rising Ridge Rd		Ridgefield	d		CT	06877	1	3/31/2010)	
Principal Occupation		Name of En	mployer			Is this contribution assoc	iated with	a	Yes	
teacher		ridgefield	d public schools			fundraising event listed i If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis		Aggre	gate Contribu	itions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	Î	t child of a lob Yes	•		\$1	100.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Legislative	I MI	_	contribution:	<u> </u>	<u> </u>	"	<u> </u>
Hunt	Carole			IVII	Cash	X Personal	Check	Contributio	on ID #	Amount of Contribution
		,			Money	y Order Credit/De	bit Card	1344		
Residential Street Address		City			State	Zip Code		ate Received		
1111 Park Ave		New York	<u> </u>		NY	10128	_	3/31/2010		
Principal Occupation Homemaker		Name of Er	mployer			Is this contribution assoc fundraising event listed i		J1?	Yes	
пошешакег						If yes, list Event #		L	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No		outor a lobbyis t child of a lob		Aggre	gate Contribu \$1	tions	\$100.00
government the contract is with:		Executive	Legislative		res	No				
Last Name	First Name			MI		contribution:	a	Contributio	on ID#	Amount of
Lovello	Frank	1		D	Cash Money	y Order Personal Credit/De		1348		Contribution
Residential Street Address		City			State	Zip Code	1	ate Received		
65 Arden Ln		Stamford			СТ	06905		3/31/2010		
Principal Occupation Retired		Name of Er	nployer			Is this contribution assoc fundraising event listed i		_{11?}	_	
Retired						If yes, list Event #		L	No	
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Yes	No		\$1	100.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Legistative	I MI		contribution:	<u> </u>		ID.//	<u> </u>
Lovello	Viola			R	Cash	X Personal	Check	Contribution 1349	on ID#	Amount of Contribution
		1			Money	y Order Credit/De	bit Card	1343		
Residential Street Address		City			State	Zip Code	1	ate Received	,	
65 Arden Ln		Stamford			СТ	06905	_	3/31/2010		
Principal Occupation Retired		Name of En	mployer			Is this contribution assoc fundraising event listed i		J1?	_ ···	
Redired						If yes, list Event #		L	No	l
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	Î	t child of a lob Yes	•		\$1	100.00	\$100.00
government the contract is with:										i

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Fedele 2010									Origin	al 04/12/2010	
		B. It	emized Contributi	ons fron	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Lozada	Erik				Cash Money	Personal C y Order X Credit/De		1350		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
244 Dexter Dr		Bridgepo	rt		СТ	06606	0	3/31/2010)		
Principal Occupation Unemployed		Name of En			•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	tions 25.00	\$25.00	
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#		
Macari	Richard				Cash	Personal (y Order X Credit/De		1351	m 1D #	Amount of Contribution	
Residential Street Address	•	City			State	Zip Code	D	ate Received			
222 Thornridge Dr		Stamford			СТ	06903	0	3/31/2010)		
Principal Occupation		Name of En	mployer		•	Is this contribution associ			Yes		
aNALYST		Legg Ma	son	_		fundraising event listed in If yes, list Event #	n Section .		No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob Yes	-	Aggre	gate Contribu	tions 00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Macia	Antonio				Cash Money	y Order X Credit/De		1352		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
1341 High Ridge Rd .		Stamford			СТ	06903	0	3/31/2010)		
Principal Occupation president/owner		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob Yes	-	Aggre	egate Contribu	tions 00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of	
Mastropietro	Kim				Cash Money	y Order X Personal C		1354		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
350 Whispering Hill Rd		Watertow	/n		СТ	06793	0	3/31/2010)		
Principal Occupation Teacher		Name of En Watertov	nployer wn Baord of Ed			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	ı	Yes No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00	
government the contract is with:	Ш	Executive	Legislative	Y	res	No					

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Fedele 2010									Origin	al 04/12/2010	
		B. It	emized Contributi	ons fron	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Mulhern	Mark				Cash Money	=	nal Check t/Debit Card	1355		Contribution	
Residential Street Address	•	City			State	Zip Code	Ι	Date Received			
44 Dean St		Stamford	<u> </u>		СТ	06902	C	3/31/2010)		
Principal Occupation		Name of Er				Is this contribution as fundraising event list			Yes		
Electrician		MJC ELE	CTRIC			If yes, list Event #	ed iii section		No		
Is contributor a principal of a state contractor	or prospective		Yes No		outor a lobbyis	-	Aggre	egate Contribu	tions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob Yes	-		\$1	00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:		Contributio	ın ID #	A	
Ortman	Melissa			А	Cash	X Person	nal Check t/Debit Card	1356	ш ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code		Date Received			
184 Marshall St		Winsted			CT	06098		3/31/2010)		
Principal Occupation		Name of Er	mployer		•	Is this contribution as			Yes	İ	
DNS		Wolcott	Hall			fundraising event list If yes, list Event #	ed in Section		No		
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes No		outor a lobbyis t child of a lob	-	Aggro	egate Contribu	tions		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			No		\$1	00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of	
PAPSCOE	RICHARD				Cash Money	=	nal Check t/Debit Card	1357		Contribution	
Residential Street Address		City			State	Zip Code	Ι	Date Received			
266 Cutlers Farm Rd		Monroe			СТ	06468	C	3/31/2010)		
Principal Occupation		Name of Er				Is this contribution as fundraising event list			Yes		
СРА		WE155,	PAPSCOE & CO CPAS	S LLC		If yes, list Event #			No		
Is contributor a principal of a state contractor	or prospective	•	Yes No		outor a lobbyis		Aggre	egate Contribu	tions	İ	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Yes	obyist? No		\$1	00.00	\$100.00	
government the contract is with: Last Name	First Name	Executive	Degislative	МІ		contribution:		Contributio	ID #		
Policastro	Frank			IVII	Cash	X Person	nal Check t/Debit Card	1358	in ID#	Amount of Contribution	
Residential Street Address	•	City			State	Zip Code	Ι	Date Received			
1 Strawberry Hill Ave # 16E		Stamford	1		СТ	06902	C	3/31/2010)		
Principal Occupation		Name of Er				Is this contribution as fundraising event list			Yes		
Drycleaner		Crescent	Cleaners			If yes, list Event #	ca iii seciion		No		
Is contributor a principal of a state contractor	or prospective	•	Yes No		outor a lobbyis	-	Aggre	egate Contribu	tions	İ	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	Î	t child of a lob Yes	•		\$1	00.00	\$100.00	
government the contract is with:		LACCULIVE	Legislative	<u> </u>	· U	110				1	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Fedele 2010									Origin	al 04/12/2010	
		B. It	emized Contributi	ions fron	Individu	ıals					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Ross	Frank				Cash	y Order Registronal Credit/De		1360		Contribution	
D 11 (10) (11)					 			D : 1			
Residential Street Address 4 Avon Ln		City Stamford			State CT	Zip Code 06907		ate Received 3/31/2010)		
Principal Occupation					<u> </u>	Is this contribution associ					
Retired		Name of Er	npioyei			fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor	or prospective	1	Yes No		utor a lobbyis		Aggre	egate Contribu	tions		
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I	child of a lob	No		\$1	00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of	
Ross	Marian			G	Cash Money	y Order X Personal Credit/De		1361		Contribution	
Residential Street Address	•	City			State	Zip Code	D	ate Received			
4 Avon Ln		Stamford	1		СТ	06907	0	3/31/2010)		
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes		
Retired						fundraising event listed in If yes, list Event #	n Section .		No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob		Aggre	egate Contribu	tions 00.00	\$100.00	
government the contract is with:	<u></u> 	Executive	Legislative	+ =			<u> </u>	1			
Last Name Seiler	First Name Sam			MI	Cash	contribution: Personal (y Order X Credit/De		Contributio	n ID#	Amount of Contribution	
Residential Street Address	l	City			 			ate Received			
225 E 66th St Apt 5D		City New York	ζ.		State NY	Zip Code 10065		3/31/2010)		
Principal Occupation		Name of Er	mployer		ļ	Is this contribution associ	iated with	a 🔽	Yes		
Global Brokerage		CB Richa				fundraising event listed in	n Section .	J1?	No		
						If yes, list Event #	1		, 110		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes No		utor a lobbyis child of a lob		Aggre	egate Contribu			
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —		No		\$	50.00	\$50.00	
Last Name	First Name			MI	Method of	contribution:	-	Contributio	n ID#	Amount of	
sherman	kate				Cash Money	y Order X Credit/De		1364		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
60 Crescent St Unit 8		Stamford	1		СТ	06906	0	3/31/2010)		
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes		
Legal Assistant		Blair & P	otts			fundraising event listed in If yes, list Event #	n Section .		No		
Is contributor a principal of a state contractor	or prospective		Yes No		utor a lobbyis		Aggre	egate Contribu	tions		
state contractor? Is yes, indicate which branch or branches of		Evacuti	I postulació	dependent	child of a lob	-		\$	50.00	\$50.00	
government the contract is with:	ᆜ	Executive	Legislative	Т п,	es	INO	1				

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Fedele 2010									Origin	al 04/12/2010	
		B. It	emized Contributi	ons fron	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Tassitano	Frank				Cash Money	y Order X Credit/De		1366		Contribution	
Residential Street Address	•	City			State	Zip Code	D	ate Received			
596 Glenbrook # 11		Stamford			СТ	06906	0	3/31/2010)		
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes		
Retired Firefighter		City of S	tamford			fundraising event listed in If yes, list Event #	n Section .		No		
Is contributor a principal of a state contractor of	or prospective		Yes No		utor a lobbyis		Aggre	egate Contribu	tions		
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	*		\$1	00.00	\$100.00	
government the contract is with:	First Name	Executive	Degislative	Т _{МІ}		contribution:	<u> </u>	10.11	ID //		
Waag	Kirk			IVII	Cash	y Order X Credit/De		Contributio	n ID#	Amount of Contribution	
D 11 616 (A11		G:				Zip Code		ate Received			
Residential Street Address 162 Weyford Ter		City Garden C	iity		State NY	11530		3/31/2010)		
Principal Occupation		Name of Er	nployer			Is this contribution assoc	iated with	a	Yes		
N/A		N/A	1.0			fundraising event listed in If yes, list Event #	n Section .	J1?	No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob Yes		Aggre	egate Contribu	tions 00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	n ID#	Amount of	
Weitzner	Lawrence				Cash Money	y Order X Credit/De		1368		Contribution	
Residential Street Address	-	City			State	Zip Code	D	ate Received			
186 Fairview Rd		Skillman			NJ	08558	0	3/31/2010)		
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes		
Chief Executive Officer		Jamesto	wn Associates			If yes, list Event #	i Scelion .	,,,	No		
Is contributor a principal of a state contractor of	or prospective		Yes No		utor a lobbyis		Aggre	egate Contribu	tions		
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	obyist? No		\$1	00.00	\$100.00	
government the contract is with: Last Name	First Name	Z.Keeun ve		MI	I	contribution:			ID //		
Zezima	Donata			M	Cash	y Order Personal C		Contributio	in ID#	Amount of Contribution	
Residential Street Address		City			State	Zip Code		ate Received			
75 Rachelle Ave		Stamford			СТ	06905	0	3/31/2010)		
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes		
Homemaker						fundraising event listed in If yes, list Event #	n Section .		No		
Is contributor a principal of a state contractor of	or prospective	•	Yes No		utor a lobbyis		Aggre	egate Contribu	tions		
state contractor? Is yes, indicate which branch or branches of		E	□ restate	dependent	child of a lob Yes	-		\$	25.00	\$25.00	
government the contract is with:	니	Executive	Legislative	Т ,	ı cs	INU	1				

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Fedele 2010									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Zezima	Tom				Cash Money	y Order		1370		Contribution
Residential Street Address		City		<u> </u>	State	Zip Code		ate Received		
75 Rachelle Ave		Stamford	I		СТ	06905	0	3/31/2010)	
Principal Occupation Self Employed		Name of Er	mployer		•	Is this contribution assoc fundraising event listed in			Yes	
- Con Employed						If yes, list Event#	_	L	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No	dependent	utor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	tions 25.00	\$25.00
government the contract is with: Last Name	First Name	Executive	Legislative	<u>Тмі</u>		contribution:	<u> </u>	1	"	
Guerin	Nicole			T	Cash	y Order Personal Credit/De		Contributio	n ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
28 Clorinda Ct		Stamford	I		СТ	06902	0	3/31/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
Accountant		Jackson	Hewitt			fundraising event listed is If yes, list Event #	ii Section .		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	utor a lobbyis child of a lob		Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Ragaini	Raymond			Р	Cash Money	y Order X Personal Credit/De		1372		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
30 Winter St		Ansonia			СТ	06401		3/31/2010)	
Principal Occupation		Name of Er Self	mployer			Is this contribution assoc fundraising event listed in		J1?	Yes	
Consultant		Jen				If yes, list Event #		L	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob		Aggre	egate Contribu	tions 00.00	\$100.00
government the contract is with: Last Name	First Name			MI	I	contribution:		Contributio	n ID#	
Mastroluca	Frank				Cash	x Personal of Credit/De		1374	m 1D #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
2175 Cutspring Rd		Stratford			СТ	06614	0	3/31/2010)	
Principal Occupation CPA		Name of Er Self	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	I	Yes No	dependent	utor a lobbyis	byist?	Aggre	egate Contribu	tions	\$100.00
government the contract is with:		Executive	Legislative	Y	es	No	<u> </u>			+

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Fedele 2010							Origin	nal 04/12/2010			
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name Metzger	First Name Dail		MI	Cash	contribution: X Personal Cl	neck 13	ntribution ID #	Amount of Contribution			
Residential Street Address 320 Strawberry Hill Ave Apt 36		City Stamford		State CT	Zip Code 06905	Date Re 03/31	eceived L/2010				
Principal Occupation Building Manager		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggregate C	Contributions \$25.00	\$25.00			
Last Name Fascitelli	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 13	ntribution ID#	Amount of Contribution			
Residential Street Address 170 E End Ave # 17AB		City New York		State NY	Zip Code 10128	Date Re 03/31	eceived L/2010				
Principal Occupation CEO		Name of Employer Vornado Realty Trust			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate C	Contributions \$100.00	\$100.00			
Last Name Mills	First Name Thomas		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 13	ntribution ID #	Amount of Contribution			
Residential Street Address 22 Blackwood Ln		City Stamford		State CT	Zip Code 06903	Date Re	eceived L/2010				
Principal Occupation Constr		Name of Employer Architechtural Ind			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	-	Aggregate C	Contributions \$100.00	\$100.00			
Last Name Mills	First Name Katherine	3	MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 13	ntribution ID#	Amount of Contribution			
Residential Street Address 22 Blackwood Ln		City Stamford		State CT	Zip Code 06903	Date Re 03/31	eceived L/2010				
Principal Occupation Real Estate		Name of Employer 3T Enterprises			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Fedele 2010							Origin	al 04/12/2010			
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name Katz	First Name Sheldon		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1345	bution ID#	Amount of Contribution			
Residential Street Address 37 Brodwood Dr .		City Stamford		State CT	Zip Code 06902	Date Rece 03/31/2					
Principal Occupation Computer consultant		Name of Employer Ascendum Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes		Aggregate Con	stributions \$5.00	\$5.00			
Last Name Kaupin	First Name Scott		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1346	bution ID#	Amount of Contribution			
Residential Street Address 9 Allen St		City Enfield		State CT	Zip Code 06082	Date Rece 03/31/2					
Principal Occupation Logistics Manager		Name of Employer Retail Brand Alliance, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Con	stributions \$100.00	\$100.00			
Last Name Russo	First Name Carolyn		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1362	bution ID #	Amount of Contribution			
Residential Street Address 208 Brooklawn Ave		City Bridgeport		State CT	Zip Code 06604	Date Rece 03/31/2					
Principal Occupation Learning Specialist		Name of Employer E.E. Geduld			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es	-	Aggregate Con	\$100.00	\$100.00			
Last Name Light	First Name Andrea		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1347	bution ID #	Amount of Contribution			
Residential Street Address 7 Greenwood Pl		City Norwalk		State CT	Zip Code 06854	Date Rece 03/31/2					
Principal Occupation Sales		Name of Employer Teed & Company		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob		Aggregate Con	stributions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Fedele 2010									Origina	al 04/12/2010	
		B. It	emized Contribut	ions fron	ı Individu	ıals		•			
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
O'Connell Lovejoy	Patricia				Cash Money	y Order X Personal Credit/De		1373		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
48 Burying Hill Rd		Greenwic	ch		СТ	06831	0	3/31/2010)		
Principal Occupation N/A		Name of Er	nployer		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes	obyist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Rapoport	Jerome				Cash Money	y Order Registration Registration X Personal Credit/De		1359		Contribution	
Residential Street Address	•	City		•	State	Zip Code	D	ate Received			
122 Davenport Dr		Stamford	l		СТ	06902	0	3/31/2010)		
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes		
Executive		Data Gu	ard	_		fundraising event listed i If yes, list Event #	n Section .		No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contribut \$1	tions 00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of	
Sinatro	Trey				Cash Money	y Order		1365		Contribution	
Residential Street Address		City			State	Zip Code	1	ate Received			
12 Midlands Dr		West Har	tford		СТ	06107	0	3/31/2010)		
Principal Occupation Insurance sales		Name of En				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No		outor a lobbyis t child of a lob		Aggre	egate Contribut	tions 50.00	\$50.00	
government the contract is with:	L	Executive	Legislative	<u> </u>	res	No				·	
Last Name	First Name			MI		contribution:	Chaole	Contributio	n ID#	Amount of	
Marvin	John				Cash Money	y Order X Credit/De		1353		Contribution	
Residential Street Address		City			State	Zip Code	1	ate Received			
3159 South St		Coventry			СТ	06238	0	3/31/2010)		
Principal Occupation Retired		Name of En	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribut	tions 50.00	\$50.00	
government the contract is with:	Ш	Executive	Legislative	_ L L \	l'es	No					

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Fedele 2010							Origin	al 04/12/2010		
		B. Itemized Contribution	ons fron	ı Individu	ıals		•			
Last Name Oros	First Name Joan		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	heck 1379	ution ID#	Amount of Contribution		
Residential Street Address 1169 Flanders Rd		City Coventry		State CT	Zip Code 06238	Date Receiv 03/31/20				
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	sibutions \$50.00	\$50.00		
Last Name Cearley	First Name David		MI	Cash	contribution: Personal Cl / Order X Credit/Debi	heck 1332	ution ID#	Amount of Contribution		
Residential Street Address 26 Mountain Trl		City Stamford		State CT	Zip Code 06903	Date Receiv 03/31/20				
Principal Occupation Analyst		Name of Employer Gartner		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes		Aggregate Contr	ibutions \$100.00	\$100.00		
						Total o	of Section B	\$55,474.00		
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Section	ons A & B	(Total on Line 14	of Summary Pag	e)	\$55,474.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	DUE DATE			
Fedele 2010							Original	04/12/2010			
C1. Contributions from Other Committees											
Name of Committee					Name of Treasurer						
Address			Is this contribution a fundraising event			Yes If yes, list Event	t#	Amount of Contribution			
City	State	Zip	Code	Date R	eceived	Aggregate Contributions					
Total of Section C1											

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE				FILIN	NG DUE DATE					
Fedele 2010				Origi	nal 04/12/2010					
C2. Reimbursements or Payments from other Committees										
Name of Committee			Name of Treasurer							
Address			Date Received		Amount of Receipt					
City	State	Zip Code	Reimbursement for shared expense							
			Payment for goods and services							
Total of Section C2										

	I. MONETARY RECEIPTS (Section	on A-K))			
NAME OF COMMITTEE					FILING	DUE DATE
Fedele 2010					Origina	1 04/12/2010
	D. Loans Received this Period					
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
	•	•		Total of	Section D	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					FILING DUE DATE				
Fedele 2010	Original 04/12/2010								
	E. Personal Funds of the Candidate Received this Period								
Date Received	Amount	Method of Payment	t Cash	Personal Check	Credit/Debit Card				
	ı E								

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTE	FILING DUE DATE								
Fedele 2010	Original 04/12/2010								
	F. Anonymous Contributions								
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount				

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE					FILING DUE DATE					
Fedele 2010	Origi	inal 04/12/2010								
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Received				Total Amount Received				
Street Address	City	State	Zip Code							
Total of Section G										

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE				FILING DUE DATE						
Fedele 2010	Original 04/12/2010									
H. Public Grant Funds Received from the Citizen's Election Fund										
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Expenditure Primary General o	· Special Election	Date Received	Amount						
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure Primary General o									
	1									

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE			:	FILIN	NG DUE DATE				
Fedele 2010	Origi	nal 04/12/2010							
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name Home savers LLC		Date of Tran 03/24/20			Amount Received				
Street Address 99 East St	City Wallingford	State CT	Zip Code 06492						
Description Contribution received in error					\$10.00				
			Total of Section	ion I	\$10.00				

	II. FUNDRAISING	G EVENT ACTIVITY								
NAME OF					FILING DUE	DATE				
COMMITTEE Fedele 2010					Original 04/12	/2010				
J1. Fundraising Event Information										
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code				
Date of Fundraiser Letter 12/15/2009 A	Meet and Greet Event	1620 Newfield Ave	Stamf	^f ord	СТ	06905				
Was this fundraising event he	osted at a personal residence?		Yes	X No						
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No						
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	x No						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code				
Date of Fundraiser Letter 02/08/2010 B	Meet and Greet Event	451 Stillwater Ave	Stamf	ford	СТ	06902				
Was this fundraising event h	osted at a personal residence?	•	Yes	X No						
Did this fundraiser include ite items donated by an individua	Yes	X No								
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code				
03/04/2010 C	Meet and Greet Event	100 Arch St	Green	wich	СТ	06840				
Was this fundraising event he	osted at a personal residence?		Yes	X No						
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No						
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code				
Date of Fundraiser Letter 03/09/2010 D	Meet and Greet Event	5 Lake Rd	Shelto	on	СТ	06484				
Was this fundraising event h	osted at a personal residence?		Yes	X No						
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No						
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code				
Date of Fundraiser Letter 03/21/2010 E	Meet and Greet Event	93 Blue Rock Dr	Stamf	ford	СТ	06903				
Was this fundraising event h	osted at a personal residence?		X Yes	No						
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No						
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	x No						

	II. FUNDRAISING	G EVENT ACTIVITY					
NAME OF					FILING DU	JE DATE	
COMMITTEE Fedele 2010					Original 04/12/2010		
	J1. Fundra	ising Event Information					
Fundraising Event #	Description	Location: Street Address		City	St	ate Zip Code	
Date of Fundraiser Letter 03/23/2010 F	Meet and Greet Event	300 Farmwood Rd		С	Т 06704		
Was this fundraising event ho	osted at a personal residence?		Yes	X No			
Did this fundraiser include ite items donated by an individua	ms donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No			
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City	St	ate Zip Code	
03/24/2010 G	Meet and Greet Event	97 Washington St		South Norwalk	С	T 06854	
Was this fundraising event ho	osted at a personal residence?		Yes	X No			
Did this fundraiser include ite items donated by an individua	ms donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No			
Was this fundraiser a tag sale,	auction, or other sale of donated items?		Yes	X No			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City	St	ate Zip Code	
03/25/2010 H	Meet and Greet Event	300 Connecticut Ave		Norwich	С	Т 06360	
Was this fundraising event ho	osted at a personal residence?		Yes	X No			
Did this fundraiser include ite items donated by an individua	ms donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No			
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City	St	ate Zip Code	
03/30/2010 I	Meet and Greet Event	501 Long Wharf Dr		New Haven	С	T 06501	
Was this fundraising event ho	osted at a personal residence?		Yes	X No			
Did this fundraiser include ite items donated by an individua	ms donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No			
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No			

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE						FILING	G DUE DATE			
Fedele 2010 Orig										
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI N	Method of payment: Cash Per	rsonal Check	it Card	Aggregate Amount of Purchases				
Residential Street Address	City	State	Zip Code	Date Received	Event #					
Items Purchased										
Total of Section 12										

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FILING	DUE DATE	
Fedele 2010							Origina	al 04/12/2010	
J3. In-Kii	nd Donations Not Considered Contribut	ions							
Name of the Donor Jeff Landle					Donation Gi	_	ess Entity	Fair Market Value of Donation	
Street Address 93 Blue Rock Dr	City Stamford		State CT	Zip (Code	Aggregate valu for this event			
Description of Donation Home Fundraiser		1	Receive		Event # 032110E			\$185.00	
						Total of Sec	ction J3	\$185.00	

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE							FILING I	OUE DATE		
Fedele 2010 Original 04/								04/12/2010		
K. In-Kind Contributions										
Name Fanelli Laura						Date Receive		Fair Market Value of this Contribution		
Street Address 282 Silas Deane Hwy		City Wethe	ersfield	State CT	Zip Code 06109					
Type of Contributor: Is Contributor a lobby spouse, or dependent of a lobbyist? Is Committee	child	Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches a government the contract is with:		espective state		Yes No .egislative			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# 03252010H	X Yes No		scription of In-Kind Contribution			Aggregate contr	ibutions \$84.96	\$84.96		
						Total of	Section K	\$84.96		

III. Non Monetary Receipts										
NAME OF COMMITTEE	FILING DUE DATE									
Fedele 2010	Original 04/12/2010									
L. Refundable Deposit to Telephone Company										
Last Name (Individuals Only)	First Name			MI	MI Date		Amount of Deposit			
Street Address	City	City			Zip Code					
Name of Telephone company										
Street Address	City				State	Zip Code				
	L									

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE						F	ILING DUE DATE			
Fedele 2010						О	riginal 04/12/2010			
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee										
Name of Committee	Committee Name of Treasu									
Street Address			Date Notice Received			ed	Fair Market Value of Donation			
City	State	Zip Code	Zip Code Aggregate Donations							
Description of Donation		Purpose of E	xpenditure B	С	D	Е				
Total of Section M										

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Totilo & Company Street Address	City	State	Zip Code	Date of Payment 01/11/2010 Purpose of Expenditure	Method of Payr X Check # 1012		Amount
1200 Summer St	Stamford	СТ	06905	OFFICE	Debit Car	d	
Description Copying/PDF files					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$128.40
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Netology	T		1	01/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1013		
1200 Summer St	Stamford	СТ	06905	OVHD	Debit Car	d	
Description Tech Support for remote access					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$397.50
X No				<u> </u>	1		\$397.30
Name of Payee Gary Bohner				Date of Payment 01/11/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	check "		
PO Box 191	Simsbury	CT	06070	REF	X Debit Car	ď	
Description	1	<u> </u>	-	1	Event #		
NSF check							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$100.00
X No							\$100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Committee						
Name of Payee Flagship Mailing				Date of Payment 01/22/2010	Method of Pays	ment	Amount
Street Address 44 Chase River Rd	City Waterbury	State CT	Zip Code 06704-1408	Purpose of Expenditure A-DM	1014 Debit Car	·d	
Description Direct Mailer Expense		ı			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$150.40
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Italian Ctr of Stamford				01/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1015</u>		
1620 Newfield Ave	Stamford	СТ	06905-1597	FNDR	Debit Car	d	
Description Food/Beverages during Fund Raisers			•		Event # 12152009A	1	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,750.00
X No				<u> </u>	1		Ψ1,7 50.00
Name of Payee Premier Printing & Mailing Solutions				Date of Payment 01/23/2010	Method of Pay	ment	Amount
	City	a	7: 0.1	Purpose of Expenditure	X Check # 1016		
Street Address 860 Honeyspot Rd	Stratford	State CT	Zip Code 06615	A-DM	Debit Car	d d	
Description Printing L/H,Reply cards, Envelopes	Stationa	I	1,		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$5,065.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Esydor Media, LLC				Date of Payment 01/27/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1017</u>		
15 Corbin Dr	Darien	СТ	06820	WEB	Debit Car	·d	
Description Advertising radio/paper/www setup			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$1,563.47
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Cooper Communications LLC				01/31/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1018</u>		
77 Ripley Hill Rd	Coventry	СТ	06238	A-OTH	Debit Car	d d	
Description		•	•		Event #		
Consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$3,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Cricket Press				02/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1019</u>		
19 Sedgwick Rd	West Hartford	СТ	06107	A-DM	Debit Car	d	
Description Thank you mailing			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$586.33

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Cricket Press				Date of Payment 02/22/2010	Method of Pays	ment	Amount
Street Address 19 Sedgwick Rd	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure A-DM	1020 Debit Car	·d	
Description Printing Reply cards	west Hartiolu	<u> </u>	00107	P. O.	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$103.88
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bryan T. Cafferelli				02/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1022</u>		
150 Walden St	West Hartford	СТ	06107	OVHD	Debit Car	d d	
Description Reimb for postage			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			\$560.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Jamestown Associates				02/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1021</u>		
5 Mapleton Rd Ste 300	Princeton	NJ	08540	PRNT	Debit Car	rd	
Description Travel for meeting			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought	•		\$389.49

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Dave Louden Street Address	City	State	Zip Code	03/02/2010 Purpose of Expenditure	X Check # 1023		
603 Farmington Ave Apt C-5	Hartford	СТ	06105	CNSLT	Debit Car	·d	
Description			-		Event #		
Consulting Fees/Campaign Mgr							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$2,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Sinatro Bros. LLC				03/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1024</u>		
62 Lasalle Rd	West Hartford	СТ	06107	OVHD	Debit Car	rd	
Description				•	Event #		
Rent Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
x No							\$1,800.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Flagship Mailing				03/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1041</u>		
44 Chase River Rd	Waterbury	СТ	06704-1408	A-DM	Debit Car	·d	
Description			•		Event #		
Postage Norwalk/Norwich							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$820.00
LLA L No							· ·

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee PayUSA Tax Deposit				Date of Payment 03/11/2010	Method of Pay	ment	Amount
Street Address 2001 W Main St	City Stamford	State CT	Zip Code 06905	Purpose of Expenditure WAGE	X Debit Car	rd	
Description Payroll tax deposit			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Iame		Office Sought			\$5,454.46
Name of Payee PayUSA Date of Payment 03/11/2010					Method of Pay	ment	Amount
Street Address 2001 W Main St	City Stamford	State CT	Zip Code 06905	Purpose of Expenditure OVHD	X Debit Car	rd	
Description Payroll processing fee			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$27.14
Name of Payee Dave Louden				Date of Payment 03/14/2010	Method of Pay	ment	Amount
Street Address 603 Farmington Ave Apt C-5	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure	1025 Debit Car	rd	
Description Campaign Manager					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
x No							\$6,750.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Chris Cooper				Date of Payment 03/15/2010	Method of Paye	ment	Amount
Street Address	City	Stata	Zin Codo	Purpose of Expenditure	Check #		
77 Ripley Hill Rd	Coventry	State	Zip Code 06238	WAGE	Debit Car	·d	
Description	Coventry		1	1	Event #		
Net Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,619.96
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Cooper				03/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Clieck #		
77 Ripley Hill Rd	Coventry	CT	06238	WAGE	Debit Car	d d	
Description	1		ļ		Event #		
Net Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought			
Yes X No							\$4,619.96
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Cooper				03/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
77 Ripley Hill Rd	Coventry	СТ	06238	WAGE	Debit Car	rd	
Description			•		Event #		
Net Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$2,309.98
. NO							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Krista D'Amelio				03/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
64 Wellington Ave	Waterbury	СТ	06708	WAGE	Debit Car	d	
Description Net Wages					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$251.67
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Krista D'Amelio				03/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
64 Wellington Ave	Waterbury	СТ	06708	WAGE	Debit Car	d	
Description			•		Event #		
Net Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$507.80
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Krista D'Amelio				03/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
64 Wellington Ave	Waterbury	СТ	06708	WAGE	Debit Car	d	
Description					Event #		
Net Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$507.80
X No							· ·

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Esydor Media, LLC				Date of Payment 03/17/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1026</u>		
15 Corbin Dr	Darien	СТ	06820	WEB	Debit Car	d d	
Description Website monitoring			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$2,621.06
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Brian Grissler	Г		1	03/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1027</u>		
42 Dabney Rd	New Canaan	СТ	06840	REF	Debit Car	d	
Description Returned Contribution					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			4400.00
X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Zody's 19th Hole	1			03/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1028</u>		
451 Stillwater Rd	Stamford	СТ	06902	FNDR	Debit Car	d	
Description Restaurant					Event # 02082010E	3	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$424.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PMI Inc		_		03/22/2010	Check #		
Street Address	City	State FL	Zip Code 32447	Purpose of Expenditure CNSLT	X Debit Car	rd	
PO Box 698 Description	Marianna	_	32447	CNSLI	Event #		
Voter info					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$250.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Doug Hageman				03/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1042</u>		
PO Box 555	Marion	СТ	06444	CNSLT	Debit Car	d	
Description					Event #		
Consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$1,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Jamestown Associates				03/26/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
5 Mapleton Rd Ste 300	Princeton	NJ	08540	A-TV	X Debit Car	d	
Description					Event #		
Advertising on TV							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$13,224.00
X No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Committee						
Name of Payee Briana Fedele				Date of Payment 03/27/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1029</u>		
236 High Ridge Rd	Stamford	СТ	06905	FNDR	Debit Car	ď	
Description Food/Beveragesfor Fund Raisers			•		Event # 030420100		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Vame		Office Sought			\$327.95
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Loft				03/27/2010	X Check #		
	City	G	7: 0.1		1030		
Street Address 97 Washington St	South Norwalk	State	Zip Code 06854	Purpose of Expenditure FNDR	Debit Car	ď	
Description	Joden Worwark		10000	1	Event #		
Restaurant					032420100	6	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Vame		Office Sought			
X No							\$500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First Compensation Insurance	T	1	1	03/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1031		
581 Post Rd	Darien	СТ	06820	OVHD	Debit Car	d	
Description W/C insurance coverage					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$507.00
No No							İ

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Anthony Critzman			1	03/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	 		
288 Barrack Hill Rd	Ridgefield	СТ	06877	REF	X Debit Car	rd	
Description NSF check					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First County Bankf				03/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
117 Prospect St	Stamford	СТ	06905	BNK	X Debit Car	rd	
Description Bank and Merchant Fees					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	ļ		
Yes X No							\$125.22
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PayUSA Tax Deposit	1		1	03/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
2001 W Main St	Stamford	СТ	06905	WAGE	X Debit Car	rd	
Description Payroll tax deposit					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,075.18

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
PayUSA		_		03/30/2010	Check #		
Street Address 2001 W Main St	City Stamford	State CT	Zip Code 06905	Purpose of Expenditure OVHD	X Debit Car	ď	
Description	- Commona	<u> </u>		1	Event #		
Payroll processing fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$27.14
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Cooper				03/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
77 Ripley Hill Rd	Coventry	СТ	06238	WAGE	Debit Car	d	
Description					Event #		
Net Wages							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$2,309.98
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Krista D'Amelio				03/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
64 Wellington Ave	Waterbury	СТ	06708	WAGE	Debit Car	d	
Description					Event #		
Net Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$507.80
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Fedele 2010						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First County Bankf			_	03/31/2010	Check #		
Street Address	City	State CT	Zip Code 06905	Purpose of Expenditure	X Debit Car	rd	
117 Prospect St Description	Stamford	СТ	06903	DIVK	Event #		
Bank and Merchant Fees							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
Yes X No							\$127.27
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First County Bankf				03/31/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
117 Prospect St	Stamford	СТ	06905	BNK	X Debit Car	rd	
Description	•		•		Event #		
Bank and Merchant Fees							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$434.53
					Total of Se	ction N	\$64,124.37

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Fedele 2010 Original C					1 04/12/2010			
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Cos Cob Liquor Store				Date of Payme 03/05/201		Is Reimburg Claimed?		Amount
Street Address 130 Post Rd		City Cos Cob	State CT	Zip Code 06807		X No	S	
Purpose of Expenditure FNDR	Description Beverages				Event #	‡ 2010C		\$432.58
						Total of	Section O	\$432.58

IV. EXPENDITURES									
NAME OF COMMITTEE						FII	LING DUE DATE		
Fedele 2010						Original 04/12/2010			
P. Expenses Incurred on Committee Credit Card									
Name of Issuing Institution Type of Credit Card:									
			Visa	Master Card	Discover	Ameri	can		
			Other						
Name of Vendor					Date of Transaction		Amount		
Street Address		City	State	Zip Code					
Purpose of Expenditure	Description		'		Event #				
Total of Section P									

	IV. EXPE	ENDITURES					
NAME OF CO	MMITTEE				FILING DU	E DATE	
Fedele 2010					Original 04	/12/2010	
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period		·		
Name of Creditor Premier Printin	ıg		Date Incurred 01/18/2010	Event #		Amount Incurred (Estimate or	
Street Address 860 Honeyspot	t Rd	City Stratford		State CT	Zip Code 06615	Actual)	
Purpose of Expenditure A-DM	Description Printing cards/env						
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	ite(s) Name	Office Sought			\$9,000.00	
Name of Creditor Public Strategi	es		Date Incurred 02/24/2010	Event #		Amount Incurred (Estimate or	
Street Address 214 N Fayette	St	City Alexandria		State VA	Zip Code 22314	Actual)	
Purpose of Expenditure CNSLT	Description Travel to CT						
Is this expenditure which reimbursement Yes X No	coordinated with another candidate for Other Candida ent is sought?	ate(s) Name	Office Sought			\$357.40	

	IV. EXP	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	JE DATE
Fedele 2010					Original 04	/12/2010
	Q. Expenses Incurred By Con	nmittee but Not Paid Duri	ng this Period			
Name of Creditor Arch Street Te	en Center		Date Incurred 03/04/2010	Event # 0304201	1.0C	Amount Incurred
Street Address 100 Arch St		City Greenwich	•	State CT	Zip Code 06840	(Estimate or Actual)
Purpose of Expenditure FNDR	Description Hall Rental			•	•	
Is this expenditure which reimbursement Yes X No	coordinated with another candidate for Other Candident is sought?	ate(s) Name	Office Sought			\$100.00
Name of Creditor Apple Rehab S	helton Lakes		Date Incurred 03/09/2010	Event # 0309201	1.0D	Amount Incurred (Estimate or
Street Address 5 Lake Rd		City Shelton		State CT	Zip Code 06484	Actual)
Purpose of Expenditure FNDR	Description Catering/Hall Rental					
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candid ent is sought?	ate(s) Name	Office Sought			\$700.00

	IV. EXPI	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Fedele 2010					Original 04	/12/2010
	Q. Expenses Incurred By Com	umittee but Not Paid Duri	ing this Period		•	
Name of Creditor Home savers L	LC		Date Incurred 03/20/2010	Event #		Amount Incurred (Estimate or
Street Address 99 East St		City Wallingford		State CT	Zip Code 06451	Actual)
Purpose of Expenditure REF	Description Contribution received in error					
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candidate for other Candidate for Other C	ate(s) Name	Office Sought			\$10.00
Name of Creditor Pontelandolfo	Community Club		Date Incurred 03/23/2010	Event # 0323201	0F	Amount Incurred (Estimate or
Street Address 300 Farmwood	l Rd	City Waterbury	•	State CT	Zip Code 06708	Actual)
Purpose of Expenditure FNDR	Description Hall Rental					
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other C	ate(s) Name	Office Sought			\$750.00

	IV. EXPE	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Fedele 2010					Original 04	/12/2010
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period			
Name of Creditor Leon's Restaur	ant		Date Incurred 03/30/2010	Event # 0330201	101	Amount Incurred (Estimate or
Street Address 501 Long Wha	rf	City New Haven		State CT	Zip Code 06501	Actual)
Purpose of Expenditure FNDR	Description Catering/Hall Rental					
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No						
Name of Creditor State of CT, Tr	easurer		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or
Street Address 55 Elm St		City Hartford	•	State CT	Zip Code 06106	Actual)
Purpose of Expenditure TRVL	Description Auto Use of State Vehicle					
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	- Value (s) Name	Office Sought			\$500.00

	IV. EXPI	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Fedele 2010					Original 04	/12/2010
	Q. Expenses Incurred By Con	nmittee but Not Paid Duri	ng this Period			
Name of Creditor Netology Tech	Svs		Date Incurred 03/31/2010	Event #		Amount Incurred
Street Address 1200 Summer	St	City Stamford	•	State CT	Zip Code 06905	(Estimate or Actual)
Purpose of Expenditure OVHD	Description Computer support					
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candident is sought?	ate(s) Name	Office Sought			\$662.50
Name of Creditor Cricket Press			Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or
Street Address 19 Sedgwick R	d	City West Hartford	•	State CT	Zip Code 06107	Actual)
Purpose of Expenditure A-DM	Description Printing cards/env					
Is this expenditure which reimbursement Yes No	coordinated with another candidate for Other Candident is sought?	ate(s) Name	Office Sought			\$3,033.13

	IV. EXPE	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Fedele 2010					Original 04	/12/2010
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period			
Name of Creditor Jamestown Ass	sociates		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or
Street Address 5 Mapleton Rd	Ste 300	City Princeton	•	State NJ	Zip Code 08540	Actual)
Purpose of Expenditure A-TV	Description Media/Advertising					
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No						
Name of Creditor Jamestown Ass	sociates		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or
Street Address 5 Mapleton Rd	Ste 300	City Princeton	•	State NJ	Zip Code 08540	Actual)
Purpose of Expenditure A-TV	Description Film Commerical					
Is this expenditure which reimbursemed Yes	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$10,000.00

IV. EXPENDITURES								
NAME OF COMMITTEE				FILIN	IG DUE DATE			
Fedele 2010 Original 04/12/2								
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Totilo & Company		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or			
Street Address 1200 Summer St	City Stamford		State CT	Zip Code 06905	Actual)			
Purpose of Expenditure OVHD Description Office Expense								
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office Sought			\$250.0	00		
			Total of	Section Q	\$35,827.0	03		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Fedele 2010					Origin	nal 04/12/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Bryan Cafferelli	Date of Payment 02/17/2010		Method of Payment X Check # 1022		Amount	
Secondary Payee Cricket Press		Purpose of Expenditure A-DM De		Debit Card		
Street Address 19 Sedgewick Rd	City West Hartford	•	State CT	Zip Code 06107		
Description Postage				Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes						•
X No						\$560.00
Name of Worker/Consultant Briana Fedele		l I		Method of Paym	ent	Amount
Secondary Payee Stew Leonards		Purpose o	f Expenditure	1029 Debit Card	i	
Street Address 100 Westport Ave	City Norwalk		State CT	Zip Code 06851		
Description Food for Fundraiser				Event # 03042010C		
which reimbursement is sought?	date(s) Name	Office	Sought	Į.		
Yes X No						\$327.95
				Total of Se	ection R	\$887.95

IV. EXPENDITURES					
NAME OF COMMITTEE				FILING DUE DATE	
Fedele 2010				Original 04/12/2010	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					Original Purchase Amount of Item
Street Address	City	State	Zip Code		
Description					
Total of Section S					